



INDIAN COVE FARM KENNEL

125 Indian Cove Lane  
Raphine, Virginia 24472

540.348.5779

**Waiver:**

Should it become necessary, I hereby grant permission to Indian Cove Farm Kennel to obtain emergency veterinary care for my pet, at my expense.

I understand there is always a possibility that my pet could be injured and accept this risk at my own expense.

I will not hold Indian Cove Farm Kennels responsible for any injury that my pet(s) may incur.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Owner and Dog Information:**

**Vaccination Records must be current and in hand or emailed prior to visit.**

Date of Arrival:	
Date of Departure:	
Dog's Name:	
Breed / Date of Birth:	
Male or Female:	
Spayed or Neutered:	
Name:	
Address:	
Phone Numbers:	
Feeding Information:	
Veterinary:	
Medicine Information:	

**Send Completed Form To:** fax: 540.348.6293 / email: [sue@indiancovefarm.com](mailto:sue@indiancovefarm.com)