# STATEMENT & RELEASE FORM
## Animal Handler (Owner)

I, _____, the owner of _____
Print Name of Owner/Handler Print Dog's Name

agree to all the following statements:

I have provided a health certificate signed by a licensed veterinarian indicating that the dog listed above is in good health and has received appropriate vaccinations as specified by my dog's veterinarian. I understand that I must provide proof of current rabies vaccination and complete health assessment before I will be allowed to have my pet participate in animal-assisted activities, programs, or visits.

I confirm that my pet is healthy, housebroken, clean, well-groomed, free of strong odors, and does not have external parasites such as ticks, fleas, or mites. My dog will not be wearing a flea collar during visits to the facilities. Also, I understand that I will not bring my dog to visit if he/she is sick, on medication, in heat, pregnant or nursing puppies, emotionally stressed, or has unusual odor from the ears, body, or mouth.

I understand that my dog must be on a leash no longer than 6 feet in length and remain under my control and supervision at all times when in a facility or on facility grounds.

I understand that dogs should not enter surgical suites, areas where food is prepared or served, clean linen or clean equipment/supplies storage areas, medication rooms, rooms with transmission-based isolation signs posted "Droplet or Contact" or rooms with "High Risk for Infection" signs posted.

I understand that I am responsible and liable for my pet's behavior while visiting facilities as a representative volunteer with ***Canines for Christ***.

_____ _____ _____
Print Name of Owner/Handler Phone Number Dog Breed

_____ _____
Signature Date

www.k9forchrist.org
813-601-4937