



Hound Sitting Release Form

I, the undersigned, hereby release Greyhound Adoptions of Florida., and any volunteers or members from any and all liability that may occur during the hound sitting of my dog(s). I also will hold harmless the organization or individual for any injury that may occur. This may include any claim(s) that I or any family member may have for any loss, damage, or injuries arising from the sitting of this/these dog(s). I understand that Greyhound Adoptions of Florida and its representatives will attempt to insure the welfare and health of my dog(s). In an emergency, appropriate medical care will be obtained. I understand and agree that I may be responsible for said medical bills if such a situation should arise.

A donation for pet sitting can be made to GAF at the time of service.

Signature _____ Date _____

Print Name _____

Address _____

Home Phone _____ Cell Phone _____

E-Mail Address _____

Emergency Contact _____ Emergency Phone _____

Your Dog(s) Name(s) _____

Veterinarian's Name _____

Veterinarian's Phone _____

Please return form to: Greyhound Adoptions of Florida NE c/o Maureen Moss 418 Blackbird Station Road Townsend, DE 19734 or e-mail: greysitting@adoptagrey.org