

### **North Bay Dog Walking Health Care Release**

As a representative of North Bay Dog Walking, Peter Estabrook agrees to act as a temporary caregiver for \_\_\_\_\_ on behalf of \_\_\_\_\_ during the days and hours specified in the North Bay Dog Walking Contract.

If some unforeseen event occurs that results in the injury or illness of \_\_\_\_\_ during such care, Peter has my authorization to act as my representative, and as an agent for \_\_\_\_\_, by making emergency health care decisions in my absence (whether those choices involve veterinary care or the immediate application of first aid).

Peter agrees to make an attempt to contact me by phone prior to making any health care choices if at all possible.

Peter Estabrook does not assume any financial responsibility or liability for any injury or illness that may result from unforeseen events that may occur during such care.

I understand and agree to the above statement.

\_\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(signature)      (date)