

WAGS Pet Therapy of Kentucky
Facility Off Lead Work Permission Form

I, _____ as representative of _____
(WAGS Facility Contact Person) (Facility/Institution)

hereinafter referred to as "Facility" give permission to _____
(Name WAGS Ambassador Team)

hereinafter referred to as "Handler" to work with _____
(Name of Pet)

off lead, where working on lead might pose a higher risk of injury to either patient/client, pet, handler or staff than being on lead would pose or if being on lead would impede the impact or progress of the Pet Therapy session. WAGS accepts no additional responsibility for injury or mishap at this facility when hereinabove said animal is off lead with permission than while hereinabove said animal on lead.

Signed _____ Date _____
(WAGS facility contact person/facility representative)

Signed _____ Date _____
(WAGS Ambassador Team Handler)

Signed _____ Date _____
(Witness)