



Fur-Get Me Not  
4140 S. Four Mile Run Dr.  
Arlington, VA 22206

Pet Health Affirmation

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**Preferred Option: Post Treatment Clearance**

- The undersigned affirms He/She is the pet parent of \_\_\_\_\_ (pet's name).
- \_\_\_\_\_ (pet's name) has been examined by \_\_\_\_\_, a certified veterinarian, on \_\_\_\_\_ (date) and appears free of any contagious or infectious diseases and/or ailments and is cleared to interact with other dogs as of \_\_\_\_\_ (date).

**Alternate Option:** With Fur-Get Me Not's *and* the treating veterinarian's agreement, the below is acceptable:

- The undersigned affirms He/She is the pet parent of \_\_\_\_\_ (pet's name), and has followed the treating veterinarian's instructions, and \_\_\_\_\_ (pet's name) appears to be symptom free as of \_\_\_\_\_ (date).
- \_\_\_\_\_ (pet's name) was examined by \_\_\_\_\_, a certified veterinarian, on \_\_\_\_\_ (date) and provided a treatment plan where if followed and \_\_\_\_\_ (pet's name) is symptom free, it is reasonably expected \_\_\_\_\_ (pet's name) will no longer be contagious and is cleared for social activities when / after \_\_\_\_\_

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(criteria pet parent is confirming; e.g. days symptom free, specific date, medication completed, etc.)

This affirmation is in conjunction with the Fur-Get Me Not Daycare Handbook and Service Agreement, which states, in part: "Pet Owner represents that the pet is free of any infectious disease..." which is a condition of attendance at Fur-Get Me Not Dog Daycare.

Client Signature: \_\_\_\_\_

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

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

Veterinary Clinic Contact Information: \_\_\_\_\_