



2nd Annual CHILLY'S PET PALS NIGHT Sunday, November 22, 2009



Separate form required for each dog

Current rabies vaccination #: _____

Veterinarian's Name: _____

Vet's phone #: _____

Owner's Name: _____

Email address: _____

Dog's Name: _____

Breed: _____

Waiver Statement:

I waive any and all claims for myself and my heirs and successors against the Houston Aeros, employees or agents of the November 22, 2009 Chilly's Pet Pals game for any claim arising from my participation in the Pet Pals game. I give permission to the Houston Aeros to use all records of my participation in this event for any publicity and/or promotional purpose. I further state that my dog is in proper physical condition and of such temperament to participate in this event. **I UNDERSTAND DOGS MUST BE KEPT ON A STANDARD NON-RETRACTABLE LEASH AT ALL TIMES. NO RETRACTABLE LEASHES PERMITTED.**

Signature of Owner: _____ Date: _____

Thank You for your support of the Houston Aeros and the Houston Humane Society!