



DAVIE COUNTY LARGE ANIMAL HOSPITAL.

928 Farmington Road
Mocksville, NC 27028
(336) 998-7131

www.LargeAnimalHospital.com

CONFIDENTIALITY. Applicant agrees to keep in strict confidence, and for an indefinite time period, all documents, materials, and other information including, but not limited to, client lists and pricing for services. Initials ___

TERMINATION WITHOUT CAUSE. Albeitar PLLC d.b.a Davie County Large Animal Hospital can terminate the candidate's program participation at any time and without a cause. Initials ___

DRESS CODE. DCLAH's Dress code is Tan or Beige Khaki Pants, Polo, Button down shirt or scrub tops, of solid colors. A pair of clean scrubs (tops and pants), cap, and shoes should always be available to assist in surgical cases. Dress Code must be always followed, including after hours and weekends. Marketing or advertising of any kind in not permitted on any clothing wear. If uniforms are provided, these must always be worn, no exceptions! Initials ___

PHOTOGRAPHS/ VIDEO/ AUDIO: I hereby authorize DCLAH to photograph/video/audio record me and agree that DCLAH may use or permit other persons to use the images videos, or sound recordings prepared therefrom for such purposes and in such a manner as may be deemed necessary including, but not limited to business promotion, education, research, and public information purposes. Initials ___

DCLAH POLICIES. I will obey Davie County Large Animal Hospital's policies, rules, and protocols, with special emphasis on the non-harassment policy, the sexual harassment policy, the radiation safety policy, the controlled substance policy, voluntary declared pregnancy policy, and the DCLAH-client-patient-confidentiality policy. Initials ___

WAIVER OF LIABILITY. I understand and agree to hold harmless **Albeitar PLLC and/or Davie County Large Animal Hospital (DCLAH)**, their agents, affiliates, clients, or employees from all claims and causes of action for damage to or loss of property, personal illness or injury or death arising out of my being permitted to be on site during the daily operations of both hospital and farm call visits. Participation in any of the daily operations while on site and / or work assignments given while participating with a 3rd party individual or business (such as farrier, student, or hospital aid) would be of my own decision and at my own risk and responsibility with the same waiver of liability as stated above.

Name (Please Print) _____

Signature _____

Date _____

Emergency Contact Name, Phone and Email / Relationship (Father, Brother, etc.)

If the above signed is not 18 years of age at the date of signing, this form must also be signed by the participant's parent or legal guardian below.

As the legal guardian of the participant whose signature appears above, I have read and understand the conditions outlined above, have given my child or ward permission to participate, and agree to be bound by the conditions outlined above as if I, myself, had signed above.

Name of Parent/Legal Guardian (Please Print) _____

Signature and Date of Parent/Legal Guardian _____