

LIABILITY WAIVER

DATE: February 18, 2023

EVENT: Boykin Bash

HOST LOCATION: Firefly Distillery, 4201 Spruill Ave, North Charleston, SC 29405

My legal name is _____ and acknowledge I am:

- Age: _____
- Full address: _____
- Phone: _____

I hereby affirm that the below Animal's information is true and accurate, and each animal has NO prior bite history:

Animal's Name:	Breed:
Sex (circle): Male / Female	
Date of last Rabies Vaccination:	(circle: 1 yr / 3 yr)
Tag #:	

Animal's Name:	Breed:
Sex (circle): Male / Female	
Date of last Rabies Vaccination:	(circle: 1 yr / 3 yr)
Tag #:	

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Sex (circle): Male / Female	
Date of last Rabies Vaccination:	(circle: 1 yr / 3 yr)
Tag #:	

ACKNOWLEDGEMENT

I hereby declare and affirm that the above-mentioned statement is, to the best of my knowledge, true and correct.

Signature: _____

Date: _____

Print Name _____