



Annual Doggie Daycare Contract

CLIENT NAME: _____

PET NAME: _____

DROP OFF HOURS: Monday-Friday 7:30-9am

PICK UP HOURS: Monday-Friday 4:30-6pm

EMERGENCY CONTACT AND NUMBER: _____

Is anyone else authorized to pick up your pet from daycare? Yes No List full name(s): _____

MEDICAL / BEHAVIORIAL INFORMATION

1. Please describe any medical or physical conditions, including any medications or allergies: _____

2. Has your dog ever bitten, attacked or shown aggressive behavior towards people or dogs? Yes No. If yes, explain: _____

3. Has your dog ever been bitten or attacked by another dog, or been abused? Yes No. If yes, explain: _____

4. Please describe any behavioral problems or other important information we should know: _____

EMERGENCY CARE

If your pet becomes ill or requires medical treatment during his/her stay and you cannot be reached, does Coates Veterinary Hospital have permission to use any and all reasonable and customary measures necessary to treat your pet?

_____ Yes _____ No I understand by choosing "no" that I may be compromising the health of my pet. _____ (initial)

AGREEMENT

INITIAL HERE

_____ Owner understands that all dogs participating in daycare must be spayed or neutered.

_____ Owner understands **No Shots, No Docs, No Service!** Coats Veterinary Hospital will not provide daycare for your pet without updated and current vaccination documentation. We must have on file or be provided vaccination documentation and medical records to include current expiration dates for the following vaccinations: Rabies, DAPPv, Bordetella, Fecal, CIRDC, and CIV and a negative IPS (fecal) on file.

_____ Coats Veterinary Hospital reserves the right to remove your dog from daycare at any time if we believe it is necessary in order to protect the health and well-being of your dog, other dogs, or our staff.

_____ Owner agrees to pay all costs and charges for any services requested (grooming, bath, treatments, boarding, etc.).

_____ Owner agrees that if fleas are found upon arrival, Coats Veterinary Hospital will administer flea control in order for your dog to participate. The flea removal fee will be billed in addition to the daycare charges.

_____ Owner agrees to be solely responsible for any and all acts or behavior of Owner's pet while it is in the care of Coats Veterinary Hospital.

_____ Owner specifically represents that they are the lawful and valid owner of the pet, free and clear of all liens and encumbrances.

_____ Owner agrees to pay any applicable boarding fees if pet is not picked up by closing time of 6:00pm M-F, 12:00pm Saturday.

_____ Owner agrees to satisfy all payments at the time of service which begins when the dog is dropped off. All charges are non-refundable.

Do we have your permission to use your dog's image on social media? Yes _____ No _____

I understand that by entering my pet into daycare my dog(s), will be participating in activities such as ball throwing, group play, kennel sharing, and movement within the facility. All activities involve risk and possible injury.

I voluntarily release, forever discharge, and agree to release Coats Veterinary Hospital owners and employees from any and all liability claims, demands, actions, or rights of action which are related to, arise out of, or are in any way connected with my dog's participation in activities Coats Veterinary Hospital.

By signing below, you indicate your agreement with all the terms stated above.

Signature _____

Date _____