

PET MEDICAL CENTER AND SPA DOGGIE DAYCARE POLICY AGREEMENT

The purpose of the Doggie Daycare program at PET MEDICAL CENTER AND SPA ("PET MEDICAL CENTER") is to provide a safe, fun, and stimulating environment for dogs during weekday business hours. To ensure the safety and health of all animals and staff, we require all clients to comply with the following Rules and Regulations.

Entrance Requirements: All pets must enter clean, free of fleas, ticks and intestinal parasites. Pets must be on a veterinarian provided monthly flea prevention (e.g. Activyl, Advantage, K9 Advantix, Advantage Multi, Bravecto, Comfortis, Frontline Plus, Nexgard, Revolution, Sentinel, Seresto or Trifexis). If a pet enters in a condition needing either flea or tick prevention, PET MEDICAL CENTER will apply and/or dispense protective measures at my expense. **CLIP COLLARS WITH IDENTIFICATION ARE REQUIRED FOR DOGGIE DAYCARE PARTICIPANTS.** Clothing, harnesses, choke chains/collars and pinch collars will not be accepted.

Health: All dogs must be in good health. Owners will need to certify that their dogs are in good health and have been free from any condition that could potentially jeopardize our other guests. Dogs that have been ill with a communicable condition within the last 30 days will require veterinarian certification of health to be admitted or readmitted.

Vaccinations: To insure the protection of all animals under our care and to prevent the spread of infectious disease, boarded animals must be current on all vaccines. Owners must submit written verification from a veterinarian that their dog(s) have been vaccinated with the following shots: DAPP, Rabies, and Bordetella (given within the past six months). **PROOF OF VACCINATION IS REQUIRED AT THE TIME OF ADMISSION - NO PROOF = NO ADMISSION.**

Sex: All dogs must be spayed or neutered if they are over six months of age. Unaltered dogs accepted into daycare before they are six months of age will be required to be spayed or neutered once they reach this age, if the owner chooses not to alter their dog, they will no longer be able to attend daycare.

Food: All food brought to PET MEDICAL CENTER must be stored in an **airtight container labeled with your pet's name.** Open dog food bags are **not** acceptable - you will be charged a container fee of \$15.00.

Behavior: All dogs must be non-aggressive neither towards humans and other dogs nor over food or toys. Owners will need to certify that their dog(s) have not harmed or shown any aggression or threatening behavior towards any person or any other dog(s). Please remember that your pet will be spending time with other pets and their safety and health is our main priority. Keep in mind, although it is supervised play, your dog still might acquire an occasional nip or scratch.

Age: Any dog/puppy is allowed in Doggie Daycare as long as they meet the criteria set forth in this agreement. Puppies may begin Doggie Daycare before they receive their Rabies vaccination, but will need to be vaccinated once they are 16 weeks. Admittance will be granted to unaltered dogs under six months of age, but will need to be spayed or neutered once they are six months if the owner wishes for them to continue to attend Doggie Daycare.

Session Size: Daycare is offered in two sessions: Small Dogs (under 30 lbs) and Big Dogs (30 lbs and over). Small dogs are able to attend the big dog session with a signed waiver.

Small Dog sessions: 10:00am – 12:00pm and 3:00pm – 5:00pm. Big Dog sessions: 8:00am – 10:00am and 1:00pm – 3:00pm.

Application: All dogs must have a complete, up-to-date approved application on file prior to admittance.

Payment of Fees: I understand that all charges are due and payable upon my pet's discharge. For your convenience, we accept Cash, Check, Care Credit, Visa, MasterCard, Discover, American Express & H3 Wellness. Monthly membership fee can be paid by recurring credit card only and is based on each calendar month.

Daycare Initial Assessment: \$25.00
Daycare While Boarding: \$14/day

Monthly Membership (M-W-F): \$300/month*
Monthly Membership (T-TH): \$200/month*

***Fee is monthly and is not prorated. No credit will be issued for missed or partial days. Recurring auto-payment required for admission.**

Hours of Operation: Monday – Friday 7:00am to 6:00pm. Please note that assessments are done prior to start of the session – we ask that you have your pet here 15 minutes before the daycare session starts so that your pet may begin the assessment. PET MEDICAL CENTER closes at 6:00pm – dogs picked up after 6:00pm will be assessed an afterhours fee. Dogs remaining after 6:30pm will be charged the appropriate boarding fee and will be checked in to our boarding kennel to stay the night.

This Agreement is made between _____ (Owner/Agent) on the one hand, and PET MEDICAL CENTER on the other, as of _____ (DATE), concerning the doggie daycare and care of Owner's/Agents pets. I am at least eighteen (18) years of age, and competent under the laws of the State of California to enter into this Agreement/Release. I have read this Agreement/Release, and been given sufficient time to understand it, or seek the advice of an attorney. I acknowledge that this Agreement/Release is intended to be binding, and voluntarily enter into it.

1. I understand that I am solely responsible for any injury that my dog(s) incur or any damage caused by my dog(s) while he/she is/are attending Doggie Daycare at PET MEDICAL CENTER. I further understand and agree that in admitting my dog(s) to Doggie Daycare, PET MEDICAL CENTER has relied on my representation that my dog(s) is/are in good health and have not harmed or shown aggression or threatening behavior towards any person or other dog.
2. I further understand and agree that PET MEDICAL CENTER and their staff will not be held liable for any problems that develop. I hereby release them of any liability whatsoever arising from my dog(s) attendance and participation in Doggie Daycare at PET MEDICAL CENTER.
3. I further understand and agree that any problem that develops with my dog(s) will be treated as deemed best by the staff of PET MEDICAL CENTER, in their sole discretion, and that I assume full financial responsibility for any and all expenses involved.
4. I agree to pay for all services due at the time they are rendered. I understand that any unpaid fees will be sent to collections and I may be responsible for all legal fees incurred by such actions taken.

Pet Owner/Agent Signature

Pet Owner/Agent Print Name

Date

10/2016

Pet(s) Names _____

Owner(s) _____ / Number(s) _____

Your pet's veterinarian _____

Anything special we need to know about your pet(s) (afraid of men, food aggressive, jumps fences, etc.)

EMERGENCY CONTACTS

Name

Relationship

Number(s)

MEDICAL CARE WAIVER

Owner understands they have entrusted the care of their pet(s) to PET MEDICAL CENTER. In the event of an emergency or pet illness PET MEDICAL CENTER will make every effort to contact Owner or their emergency contact, and in the event either of them cannot be reached in a timely manner, or if Owner's emergency contact will not give PET MEDICAL CENTER directions on how to proceed, PET MEDICAL CENTER will proceed with medical treatment as deemed appropriate and in the best interest of the pet by the attending veterinarian, this can include, but is not limited to, stabilizing care, diagnostic tests, prescribing medications and/or emergency surgery. Accordingly, Owner hereby grants PET MEDICAL CENTER and/or FRESNO VETERINARY SPECIALTY AND EMERGENCY CENTER the authorization to transport and treat their pet as the attending veterinarian deems necessary. Owner further understands that by entrusting care to PET MEDICAL CENTER for boarding, Owner is responsible for all additional medical charges incurred by their pet to maintain the pet's medical wellbeing while in the care of PET MEDICAL CENTER.

Full payment for all services is due at the time of discharge.

X _____

Please sign indicating you have read the above statement

Date

PUPPY WAIVER

PLEASE SIGN IF YOUR PUPPY IS UNDER 16 WEEKS OF AGE:

I understand that my pet has been accepted into PET MEDICAL CENTER with the understanding that my pet is at an increased risk. It has been explained to me the extra risks my dog has of contracting disease or illness by entering my dog in to Doggie Daycare without being fully vaccinated. Knowing this, I agree to leave my dog under the care of PET MEDICAL CENTER.

X _____

Please sign indicating you have read the above statement

Date

HEALTH AND TEMPERMENT CERTIFICATION

I certify that my dog(s) is/are in good health and has/have not been ill with any communicable disease in the last 30 days.

I further certify that my dog(s) has/have not harmed or shown aggression or threatening behavior towards any person or any other dog.

X _____

Please sign indicating you have read the above statement

Date