Doggie Daycare Contract

Client & Dog Information

|  |  |
| --- | --- |
| Guardian’s Name: | Guardian’s Name: |
| Work Phone: | Work Phone: |
| Cell Phone: | Cell Phone: |
| Home Phone: | Home Phone: |
| Address: | |
| Dog’s Name: | Dog’s Name: |
| Breed/Age/Sex:  Neutered? | Breed/Age/Sex:  Neutered? |

Emergency Information

|  |  |
| --- | --- |
| Emergency Contact: | Phones: |
| Alternate Emergency Contact: | Phones: |
| Vet Office/ Vet’s Name: | Phone: |
| Vet Address: | |
| Vaccination Status: | |
| Current Medications: | Reason(s) for Meds: |
| Important Medical History Notes: | |

General Care Information

|  |  |
| --- | --- |
| Dog’s Regular Treats: | Other treats okay?  Yes  No |
| Treat/ Dietary Restrictions: | |
| Dog’s Known Behavioral Issues: | |

Liability Waiver & Policies

|  |
| --- |
| Camp Saugapup will endeavor to offer only sound, safe, and responsible care for my dog(s). However, I have been told and understand the risks inherent in having my dog in a natural, outdoor environment and off-leash dog day care (including but not limited to interactions with other dogs and potential exposure to disease and parasites). I understand dogs may sometimes be difficult to control and may be the cause of injury even when handled with the greatest amount of care. I certify that my dog(s) are in good health and current on all vaccinations (or titers), are free of fleas & ticks and on preventative, are people and dog-friendly, and are not possessive of toys or territorial of space. Further, I am and will remain responsible for the actions of my dog at all times and I hereby agree to indemnify and hold harmless Camp Saugapup of any and all claims of injury, expense, costs, or damages caused by the actions of my dog while under Camp Saugapup care. I have been told by Camp Saugapup and understand the inherent risks of owning a dog, including but not limited to the risk of dog bites to myself or others. I recognize that Camp Saugapup is not responsible for any unintentional errors, omissions, or incorrect assertions. |
| I authorize emergency medical care to be provided by the above-named veterinarian, or an appropriate alternate to be determined by Camp Saugapup in the event my regular veterinarian is not available or that closer care is required. I will reimburse Camp Saugapup for any charges related to emergency care.  I authorize Camp Saugapup to administer or seek first aid and resuscitative care as determined appropriate by Camp Saugapup and I agree to indemnify and hold harmless Camp Saugapup for all and any results thereof.  I DO NOT authorize Camp Saugapup to administer or seek first aid and resuscitative care as determined appropriate by Camp Saugapup and I agree to indemnify and hold harmless Camp Saugapup for all and any results thereof.  I grant to Camp Saugapup, its representatives and employees the right to take photographs of my pet, and to use and publish them in print and/or electronically.  ❍ The above may take photos of my pet  ❍ The above may NOT take photos of my pet |
| Payment Policy: Cash or check due at time of pick-up.  Additional $5 per 10 minute charge applies to pick-ups after 6pm. |
| Cancellation Policy: Cancellation of reserved space is not subject to refund due to limited space |
|  |

This contract is validated by the signatures below in total and as approval for future services without additional written authorization.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

Dog Guardian Date Daycare Representative & Title Date