**Pups Playground Policies for Daycare and Boarding**

* **Reservations:** reservations are highly recommended and will be honored before walk in or drop offs. Our space is limited and only reservations that are paid in advanced are guaranteed. You may make several day reservations in advance to guarantee you have a slot.
* **Cancellations:** We accept cancellations 24 hours in advance. If you do not cancel 24 hours in advance you will be charged.
* **Pick up**: picking up your pup on time is important. You need to pick up your pup within 15 minutes of closing. If you are going to be later than 15 minutes we ask that you call or make arrangements to have someone else pick up your pup. If you do not make arrangements then we will board your pup and you will be charged an additional $25.00 fee for the overnight. The next morning your pup needs to be picked up by opening or you will be charged for a daycare day.
* **Medications**: All medications must have be labeled and have directions as per your vet/you in order for us to administer. We will not administer meds unless we have directions. If your pup needs medications that are complex (insulin, IV fluids etc) we will need to evaluate our ability to do that in order to provide the best care for your pup.
* **Sickness**: if your pup is ill we ask that they stay home. We do not want to expose other pups to illness. If your pup becomes ill while in our care we will either contact you, your emergency contact or bring your dog to the nearest animal emergency hospital. Your pup will be isolated from other pups during their illness. The cost of any veterinary bills will be the responsibility of the pup owner. Pups Playground will not assume any costs of veterinary bills.
* **Flea/Tick**: Pups Playground reserves the right to refuse a pup if they are infested with flea or tick. If your pup is boarded with us then they will be bathed and treated for flea/ticks and the pup owner will pay for the costs. Pups Playground will not assume any costs for pups that are not treated for flea/ticks. Tick Patrol treats our property for flea and ticks monthly. If you need information on the service please let us know. The treatment in pet friendly.
* **Collar & Leash**: all dogs must have a quick release collar. Metal collars or choke collars are not acceptable. We encourage nametags on collars/leashes. While at daycare or boarding collar will be removed due to a risk of injury. When pups arrive/leave they must be on a leash. If pups do not have nametags on leash or collar, Pups Playground will apply a simple plastic one for identification. This is designed to avoid one being lost or misplaced.
* **Nail Trim**: if your pups nails are too long and are a risk to other pups or staff we will trim them. You will be charged a nail fee. Please keep nails trimmed to avoid injury.

Pups name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pups Parent signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Pups Playground, LLC**

**Emergency Medical Treatment Authorization**

Pets Playground, LLC (“Pets Playground”) while caring for your pet will make every effort to contact the pet owner or the emergency contact identified below if there is an emergency with your pet. If we cannot contact you or your emergency contact then we will transport your pet to the nearest emergency animal clinic.

The undersigned hereby grants to Pups Playground the authorization to act on the undersigned’s behalf in the case of an emergency if the undersigned or the emergency contact cannot be contacted.

The undersigned hereby gives full permission and authorization for Pups Playground to transport the undersigned’s pet to a licensed veterinarian or emergency clinic in order for said veterinary or clinic to do what is medically necessary and appropriate to care for the undersigned’s pet including, but not limited to providing medications, performing procedures and providing any treatment deemed therapeutically and diagnostically necessary. The undersigned hereby consents to the provision of anesthesia as necessary and appropriate. The undersigned authorizes Pups Playground, the veterinarian, the emergency clinic and all staff members of Pups Playground to do what is necessary to preserve life to the best of their ability.

The undersigned agrees to assume all costs related to the care, procedures, medications and treatment that the undersigned pet receives. The undersigned release Pups Playground from any and all claims related to any costs associated with any emergency situation, care, or treatment.

The undersigned (on his/her own behalf, and on behalf of his/her heirs, personal representatives, successors, assigns, officers, employees, and agents) hereby remises, releases, and forever discharges Pups Playground, its employees, officers, directors, members, managers, agents, and contractors of and from all, and all manner of action and actions, cause and causes of action, suits, debts, dues, sums of money, damages, judgments, extents, executions, claims and demands whatsoever, in law or in equity, which against Pups Playground the undersigned ever had, now has or which he/she, and his/her heirs, personal representatives, successors, assigns, officers, employees, and agents hereafter can, shall or may have for, upon or by any reason of any known matter, cause or thing, arising out of any injury or damage resulting from the actions of Pups Playground hereunder in providing or facilitating treatment and care of the undersigned’s pet. This Release extends to any and all claims the undersigned has or may have against Pups Playground whether such claims result from strict liability or negligence on the part of Pups Playground its employees, officers, directors, members, managers, agents, and contractors.

Pet’s Name/Breed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List of Emergency Contacts/Phone Numbers: (1)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(2)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Vet Clinic/Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_