

# Doggie Daycare Release Form

Date:

Client Name: \_\_\_\_\_ Client #: \_\_\_\_\_ Pet(s) Name: \_\_\_\_\_

### Please Read & Complete Information Below Upon Leaving Your Pet For Daycare Services.

In case of illness or injury, I give my permission for the staff of 2<sup>nd</sup> Avenue Animal Hospital to treat, prescribe for or operate upon my pet(s) while they are being boarded. I also assume responsibility for all payments for the cost of this treatment. If my pet is found to have **Fleas, Ticks, or Intestinal Parasites** at drop off, they will be treated at my expense. The staff of 2AAH are to use all reasonable precautions against illness, injury, or escape of my pet(s), but they will not be held responsible or liable in any manner, under any circumstances, on account of the care, illness, injury, treatment, or escape of my pet(s).

### Please initial each statement below:

\_\_\_\_ In case of illness or injury, I give permission for the staff of 2AAH to treat, prescribe for or operate upon my pet(s) while they are in our care. I also assume responsibility for all payments for the cost of this treatment.

\_\_\_\_ The staff of 2AAH are to use all reasonable precautions against illness, injury, or escape of my pet(s), but they will not be held responsible or liable in any manner, under any circumstances, on account of the care, illness, injury, treatment, or escape of my pet(s).

\_\_\_\_ I understand that the staff of 2AAH must have proof that my pet is current on all required vaccinations at the time my pet is dropped off, or they will vaccinate my pet accordingly, and I will assume the responsibility for the costs.

\_\_\_\_ If my pet is not picked up by the end of business hours, I understand that there will be additional charges. If the animal(s) remains after the expected time of pick up, 2AAH will attempt to contact the owner or emergency contact person. If not picked up by the end of business hours a boarding charge of **\$20 a night will be applied** to the owners account.

\_\_\_\_ Should the circumstances arise that my pet(s) remain unclaimed, for 10 days after the date which I have stated as the pick up date and with no contact with 2AAH, I understand that I will assume responsibility of additional charges for services, and written notice of abandonment will be mailed. I have 10 days from the receipt of said notice to claim my pet(s). If I fail to do so, 2AAH will consider the animal(s) abandoned and may care for the animal(s) as it deems fit. Furthermore, I understand that such **action will not relieve me from paying all costs** related to the boarding and/or treatment and disposing of my pet(s) up until the tenth day of the abandonment notice's receipt.

**DAYCARE OFFICE HOURS: Monday- Friday 7:30am-6:30pm**  
**Closed all major holidays and by noon the day before**

Pick-up Time: \_\_\_\_\_ Emergency # where I can be reached: \_\_\_\_\_

Is your pet an escape artist, jumper, or climber?: yes  no

\*Required Vaccinations for Daycare services: **DOGS: Rabies, DHLPP, Bordatella**

*I have read and understand the above statement and by signing this document agree to the above statement.*

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_