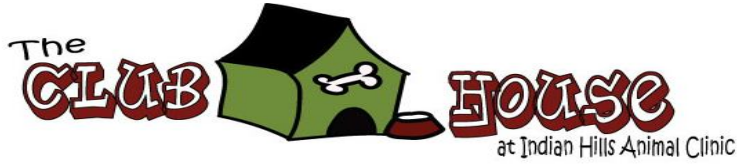


# Daycare Agreement



Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact & Number: \_\_\_\_\_

Daytime Veterinarian Clinic: \_\_\_\_\_

Pet #1 Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Sex: \_\_\_\_\_

Breed: \_\_\_\_\_ Color/Markings: \_\_\_\_\_

Flea Prevention Name: \_\_\_\_\_ Spayed: \_\_\_\_\_ Neutered: \_\_\_\_\_

Pet #2 Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Sex: \_\_\_\_\_

Breed: \_\_\_\_\_ Color/Markings: \_\_\_\_\_

Flea Prevention Name: \_\_\_\_\_ Spayed: \_\_\_\_\_ Neutered: \_\_\_\_\_

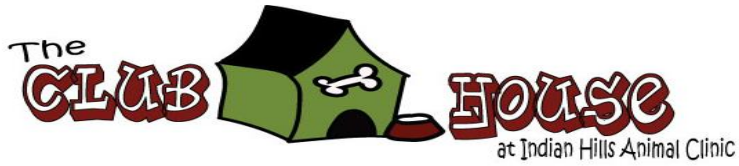
1. Dogs must be in good general health and provide valid proof that he/she has a negative intestinal parasite exam every 6 months and is current on Rabies, DH2PP, and Bordatella vaccines before attending daycare.
2. Dogs must be on a veterinary approved monthly flea preventative program. Dogs arriving with fleas or ticks will be treated by IHAC veterinary staff at the owner's expense.
3. All dogs over 6 months of age must be spayed or neutered.
4. If your dog should become ill, or in the rare instance, receive a bite or other injury requiring the care of our veterinarians, each owner shall be responsible financially for medical services provided to their own dog. We will call the emergency number(s) provided by you. If we cannot get a hold of you, we will take in mind your dog's best interest and treat them accordingly.
5. Dogs must be maintained on a leash during drop off & pick up times for safety.
6. A full day (7am-6pm) is \$20.00. Dogs can be dropped off anytime and picked up before 6pm. A half day (7am-1pm or 12pm-6pm) is \$15.00. If a dog is not picked up by 6pm he/she will be boarded overnight and boarding charges will be incurred.
7. Indian Hills Animal Clinic reserves the right to refuse daycare services to any dog due to aggression towards other dogs or people.

While every effort will be made to ensure my dog's health and well-being, I understand that my dog will be interacting with other dogs and that it is a possibility he/she could be exposed to illnesses or that injury may occur.

**I UNDERSTAND AND AGREE TO ALL OF THE ABOVE CONDITIONS.**

Owners Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(continued on back side)



## Indian Hills Animal Clinic-- Photo Release Form

I grant to Indian Hills Animal Clinic, its representative and employees the right to take photographs of me and/or my pet, and to copyright, use and publish the same in print and/or electronically.

I agree that Indian Hills Animal Clinic may use such photographs of me and/or my pet with or without my name and for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising, Web content, and Social Media.

- The above may take photos of me and/or my pet.
- The above may **NOT** take photos of me and/or my pet.

Signature: \_\_\_\_\_

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

Printed name: \_\_\_\_\_