Client Name: Client address:	Patient Name: Patient age: Patient weight:
Client Phone Number:	Canine or Feline
Doggy Daycare Consent Form	
	nts in the daycare program, Neighborhood Veterinary Center requires all dogs to have proof that the sthat have not completed their entire series of vaccines may not yet be fully protected therefore
Spay/Neuter : Intact male and female dogs will be allowed to participattend activities or Doggy Day Care.	ipate in group or activities upon passing a temperament test. No female in heat will be allowed to
I certify that all of the dogs listed on this form have received the foll provided prior to the pet's admission to doggy daycare.	lowing vaccines. If vaccines have been given by another animal hospital, records need to be
Please initial next to each one.	
Rabies vaccineDAP vaccineInfluenza vaccine	Bordetella vaccine (every 6 months)Intestinal Parasite Exam (every 6 months)
Your dog must be free of internal and external parasites, including fleas and ticks. If not, we will treat them at your expense.	
By initialing each section below, I confirm that I have r	ead and understood the following
or routine daily activities can lead to altercations and injuries. I assume the	eterinary Center's daycare program in comers will be provided at a charge I accept that play behavior, unknown or undocumented aggression, risks of and responsibility for the cost to treat any injuries my dog sustains while playing at Neighborhood Veterinary Veterinary Center and owners will not be held liable for any injuries or deaths related to my dog's participation in
	aggressive behavior for any reason. Any dog exhibiting undesirable behavior will be safely isolated hission until such behavior has been modified. We reserve the right to exclude dogs from Doggy f.
during the time he/she is attending doggy daycare, I accept responsib	ealth and free from communicable diseases. In the event my dog contracts a communicable disease bility for the costs of all treatments. I also agree to withhold my dog from doggy daycare until nined by the doctor. Although the risk of acquiring communicable diseases is small, I accept the risk penses incurred for treatment.
	edical care for my pet will be sought from Neighborhood Veterinary Center, and I agree to pay all m members will attempt to call me as soon as the situation is stable, at which time authorization for
5. The owner agrees that their pet may be videotaped and/or photography throughout the world, an unlimited number of times that their pet may be used in any and all media and the promotion, as	notographed. The facility shall be an exclusive owner to the results and all proceeds of such taping in perpetuity, to copyright, to use, and to license to others in any manner. The owner further agrees dvertising, sale, publicizing, and exploitation of the facility.
6. The facility is not responsible for any loss or damage to any bedding, bowls, toys, and/or collars.	additional items you might bring with your dog to our care services. Including but not limited to
	Day Care, the staff will try to keep your pet as clean as possible, but Neighborhood Veterinary ath please let a staff member know. The charge for a bath ranges depending on the size of your pet.

I have read this consent and understand that some risk always exists when groups of dogs are allowed to intermingle. I have discussed my concerns about such risks with the Neighborhood Veterinary Center team members and have had my questions answered to my

Date:

satisfaction.

Owner Signature:

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