

# Daycare Application



*The Family Pet Hospital Daycare runs Tuesdays-Fridays 7am-6:30pm. Drop off times are from 7-9am. Please do not hesitate to ask staff for more information.*

## Client/Patient Information

Client Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Pet Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Weight: \_\_\_\_\_\* *The Family Pet Hospital Kennel has a weight limit of 35 pounds per pet*

Would you like to receive general updates while your pet is in daycare: (check one)  Yes  No

If yes, indicate how you would like to receive your updates:

Phone  Texts  E-Mail

Phone/E-Mail: \_\_\_\_\_

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## Patient Information

*Thank you for answering the following questions! This information helps us make sure your dog has a happy, fun, safe experience in our daycare program.*

Does your dog have any medical illnesses or is on any medications:  Yes  No

*If yes, describe:*

Does your pet have any food allergies:  Yes  No *If yes, describe:* \_\_\_\_\_

Can your pet have our treats:  Yes  No

What's your dog's overall temperament: \_\_\_\_\_

How does your dog react to other dogs in general as well as in your home: \_\_\_\_\_

Has your dog ever participated in play at a dog park or social outing before:  Yes  No

*If yes, how did your dog react:* \_\_\_\_\_

How does your dog react to strangers: \_\_\_\_\_

Does your dog have any type of dog or people that s/he automatically fears or dislikes:  Yes  No

*If yes, please describe:* \_\_\_\_\_

Has your dog ever escaped or attempted to escape by digging/jumping or climbing fences:  Yes  No

*If yes, please describe:* \_\_\_\_\_

Describe any other behavioral problems, fears, etc: \_\_\_\_\_

Has your dog ever shared toys/food/water with other dogs before:  Yes  No

Were there any problems/do you anticipate any: \_\_\_\_\_

## Daycare Policies

**External & Internal Parasites:** For the best interest of all pets under the care of The Family Pet Hospital, all patients will be examined for external (e.g., fleas and ticks) and internal (e.g., worm segments in stool) parasites while here. If parasites are found, I give The Family Pet Hospital permission to treat my pet to prevent spreading to other animals.

The Family Pet Hospital staff will explain if any additional follow up care is needed. For example, if a pet is found with fleas, we may recommend the pet receives a capstar and flea treatment depending on how recent and type of treatment they have received. No holistic medications will be accepted for daycare until we receive authorization to treat the pet if they get fleas, and that there is an understanding our facility is not to be held responsible for the pet getting fleas. I understand that treatment of any external and or internal parasites will be charged to my final invoice. I will also provide proof of a negative intestinal parasite test within the last 12 months prior to attending daycare.

**Vaccinations:** The Family Pet Hospital **requires** proof of the DHLPP-CPV (Distemper), Rabies, and Bordetella (Kennel Cough) vaccines for any dog in the daycare program. In the event my dog is not current, I give permission to The Family Pet Hospital to update my dog's vaccine(s) in accordance with the above policy. I understand that an examination fee as well as vaccination(s) fee will be charged to my final invoice.

**Medical Illness and Injury Policy:** If my pet becomes ill or injured, The Family Pet Hospital will call the emergency number(s) I listed above regarding my pet's symptoms, treatment options, and estimate of additional costs. If no one can be reached however, or in the event of an emergency situation with my pet, I give prior authorization to The Family Pet Hospital to perform whatever services the veterinarian deems necessary for the best care for my pet until someone can be reached. This includes only non-elective treatments and any necessary diagnostics.

I further understand that The Family Pet Hospital, their owners, staff, partners, and volunteers, will not be liable, financially or otherwise, for injuries to my dog, myself or any property of mine while my dog is participating in services provided by The Family Pet Hospital. I hereby release The Family Pet Hospital of any liability of any kind arising from my dog's participation, behavioral, medical, or otherwise in any and all services provided by The Family Pet Hospital.

I further understand that there are risks and benefits associated with group socialization of dogs. I agree that the benefits outweigh the risks and that I accept the risk. I desire a socialized environment for my dog while attending the daycare program provided by The Family Pet Hospital and while in their care. I understand that while the socialization and play is closely and carefully monitored by their staff to prevent injury, it is still possible that during the course of normal animal play my dog may receive minor nicks and scratches from roughhousing with other dogs. Upon picking up my pet, any injuries to my dog will be pointed out to me by staff.

I further understand that I am solely responsible, financially or otherwise, for any harm or damage caused by my dog while my dog is attending daycare services at The Family Pet Hospital.

I understand that if my dog is not picked up on time that I authorize The Family Pet Hospital to take whatever action is deemed necessary for the continuing care of my dog. I will pay The Family Pet Hospital the cost of any such continuing care upon demand by The Family Pet Hospital. If I do not pick up my dog within (10) days from initial pick-up, I hereby relinquish ownership of my dog to The Family Pet Hospital.

**By signing below, I indicate that I have read this form and I fully understand the above Policies. I also agree to pay for any additional fees necessary to be in accordance with the above policies.**

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

How would you like to be contacted to confirm and review your pet's daycare reservation? (check one)

Phone       Email

Phone/E-Mail: \_\_\_\_\_