

## Dog Day Care Service Contract

### Client & Dog Information

Guardian's Name (& pronouns):	Guardian's Name (& pronouns):
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:
Email:	Email:
Address:	
Dog's Name/ ID:	Dog's Name/ ID:
Breed/Age/Sex:	Breed/Age/Sex:

### Emergency Information

Emergency Contact:	Phone/Email:
Alternate Emergency Contact:	Phone/Email:
Vet Office/ Vet's Name:	Phone/Email:
Vet Address:	
Directions to Vet's Office:	
Current Medications:	Reason(s) for Meds:
Important Medical History Notes:	

### General Care Information

Dog's Regular Treats:	Other treats okay? <input type="checkbox"/> Yes <input type="checkbox"/> No
Treat/ Dietary Restrictions:	
Dog's Known Behavioral Issues:	
Dog's Known Bite History:	

# Tammie's Dog Service's & Training LC

Special Instructions or Notes regarding Behavioral Issues:

I represent and warrant that I have provided **(Tammie's Dog Service's & Training LLC)** with full and complete, accurate information regarding any bite history and similar incidents or hazardous tendencies of my dog, and that I will update that information if it changes.

Initial: \_\_\_\_\_

## Description of Services

Full Day  Half Day  Other:

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

Days Needed:  M  Tu  W  Th  F  5days/week

Rate per Day: \$ \_\_\_\_\_

Approximate Monthly Fee: \$ \_\_\_\_\_

## Liability Waiver & Policies

*(Tammie's Dog Service's & Training LLC) will endeavor to offer only sound, safe, and responsible care for my dog(s). However, I have been told and understand the risks inherent in having my dogs in a daycare setting, including but not limited to interactions with other dogs and potential exposure to injury, disease, and parasites. I represent and warrant that I have provided (Tammie's Dog Service's & Training LLC) with full and complete, accurate information regarding any bite history and similar incidents or hazardous tendencies of my dog, and that I will update that information if it changes. Further, I am and will remain responsible for the actions of my dog at all times and I hereby agree to indemnify, release, and hold harmless (Tammie's Dog Service's & Training LLC) of any and all claims, whether made by myself or others, of injury, expense, costs, or damages caused by the actions of my dog while under (Tammie's Dog Service's & Training LLC) care and under my own care as a result of following any instructions given me by (Tammie's Dog Service's & Training LLC). I have been told by (Tammie's Dog Service's & Training LLC) and understand the inherent risks of owning a dog, including but not limited to the risk of dog bites to others or myself. Additionally, (Tammie's Dog Service's & Training LLC) will act with all due respect and caution in my home in my absence for the purposes of pick-up and drop-off and I hereby agree to indemnify, release, and hold harmless (Tammie's Dog Service's & Training LLC) of any and all claims of damages to my home. I understand that the recommendation of any other product or service is not a guarantee of my satisfaction with that product or service. This contract, together with language expressly incorporated into it in writing, is the full and complete agreement between myself and (Tammie's Dog Service's & Training LLC). A complete and accurate copy of this contract is as valid as the original. This contract is made valid by in-person signatures, electronically signed signatures, or upon receipt of a signed, scanned copy by email. . Any payments made Deposit or full payments for boarding that is canceled are non-refundable*

Initial: \_\_\_\_\_

2. I authorize emergency medical care to be provided by the above-named veterinarian, or an appropriate alternate to be determined by **(Tammie's Dog Service's & Training**

Tammie's Dog Service's & Training LC

<p><b>LLC) in the event my regular veterinarian is not available or that closer care is required. I will immediately reimburse (Tammie's Dog Service's &amp; Training LLC) for any charges related to emergency care.</b></p>	Initial:
<p><input type="checkbox"/> I authorize <b>(Tammie's Dog Service's &amp; Training LLC)</b> to administer or seek first aid and resuscitative care as determined appropriate by <b>(Tammie's Dog Service's &amp; Training LLC)</b> and I agree to indemnify, release, and hold harmless <b>(Tammie's Dog Service's &amp; Training LLC)</b> for all and any results thereof.</p>	Initial:
<p><input type="checkbox"/> I DO NOT authorize <b>(Tammie's Dog Service's &amp; Training LLC)</b> to administer or seek first aid and resuscitative care as determined appropriate by <b>(Tammie's Dog Service's &amp; Training LLC)</b> and I agree to indemnify, release, and hold harmless <b>(Tammie's Dog Service's &amp; Training LLC)</b> for all and any results thereof.</p>	Initial:
<p>3. <i>Service Policy:</i></p>	Initial:
<p>4. <i>Payment Policy:</i>  <span style="background-color: yellow;">DEPOSITS-FULLPAYMENTS NON-REFUNDABLE</span></p>	Initial:
<p>5. <i>Cancellation Policy:</i>  <span style="background-color: yellow;">NON-REFUNDABLE</span></p>	Initial:
<p>6. <i>Safety Policy:</i></p>	Initial:
<p>7. <i>Grooming Policy:</i></p>	Initial:

This contract is validated by the signatures below in total and as approval for future services without additional written authorization.

Guardian's Name (& pronouns)	Date	Day Care Representative & Title	Date