



## Day Care Services Agreement

Owner name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Phone # \_\_\_\_\_ Alternate phone # \_\_\_\_\_

### Pet Info

Name \_\_\_\_\_ Breed \_\_\_\_\_ Age/DOB \_\_\_\_\_  
Sex M/F Spayed/ Neutered Microchip# \_\_\_\_\_  
Medications \_\_\_\_\_ Allergies \_\_\_\_\_  
Special needs \_\_\_\_\_

### Vaccination History

DHLP \_\_\_\_\_ Flea/Tick prevention \_\_\_\_\_  
Rabies \_\_\_\_\_ 1/3yr Heartworm \_\_\_\_\_  
Bordetella \_\_\_\_\_  
Other \_\_\_\_\_ \*\*pets must be current and provide proof of vaccs\*\*  
Veterinarian/Clinic \_\_\_\_\_ phone# \_\_\_\_\_

\*\*Has your dog ever bitten or shown signs of aggression towards people or other animals? \_\_\_\_\_  
If "yes" explain \_\_\_\_\_

I have read and understand the following terms: (Initial Below)

\_\_\_\_ I understand that I am solely responsible for any harm caused by my dog while in the care of The Perfect Pup and release The Perfect Pup of any liability arising from my dog's attendance and participation at the daycare. I am aware of risks involved with my dog and interacting with other dogs in a group setting. These include, but are not limited to scrapes, cuts, bites, and viral and bacterial infections.

\_\_\_\_ I understand and agree in admitting my dog to The Perfect Pup that the staff has relied on my representation that my dog is in good health and has not harmed or shown any aggressive behavior towards any person or any other dog.

\_\_\_\_ I understand that my dog will be playing in open areas with other dogs and accept that when dogs play in groups, they may get dirty, scratches may occur, as well as any other inherent risks that are involved. I further understand that The Perfect Pup staff is not liable for any or all problems that may develop.

\_\_\_\_ I further understand that any problems which develop with my dog will be treated as deemed by The Perfect Pup at their sole discretion, and that I assume full financial responsibility for any and all expenses involved if The Perfect Pup decides to obtain medical attention.

\_\_\_\_ I accept that if my dog causes any excessive damage to The Perfect Pup facility, that I could be asked to pay for repairs.

\_\_\_\_ I understand that if my dog is not spayed or neutered by 8 months of age, they will not be allowed to participate in day care with other dogs.

\_\_\_ As a responsible pet owner, I promise to keep my dog current on all vaccines including Rabies, Distemper, and Bordetella. It is required by The Perfect Pup that official updated records are provided by veterinarian before my dog is allowed to attend daycare. The Perfect Pup is not responsible for informing of due dates on vaccines.

**Reservations**

Owner must call to make reservations and must sign in upon arrival on which days your dog plans on attending daycare.

**Emergency**

In the event of an emergency, The Perfect Pup will first attempt to contact the Owner followed by an attempt to contact emergency contact person listed. The Perfect Pup may also directly contact the veterinarian listed if circumstances are deemed such that immediate treatment is necessary. The Perfect Pup staff retains sole discretion in emergency matters, without liability, and the owner of the dog agrees to promptly pay for all medical treatments received.

I certify that I have read and understand the policies of The Perfect Pup. I acknowledge and accept that all of the above policies refer to daycare services and this release serves as accepting these conditions for this service.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Daily Rate**

\_\_\_ \$25.00 Daily Access

**12 Month Commitment**

\_\_\_ \$99.00 Per Month Unlimited Membership

\_\_\_ \$119.00 Per Month Unlimited Membership/Full Service Grooming Included

**3 Month Commitment**

\_\_\_ \$129.00 Per Month Unlimited Membership

\_\_\_ \$149.00 Per Month Unlimited Membership/Full Service Grooming Included

**Credit Card Information**

Card Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Visa/MasterCard/Discover

Expiration \_\_\_\_\_ CVV (last 3 digits on back) \_\_\_\_\_ Billing Zip \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

By signing I understand my agreement to the terms and price point selected above and authorize monthly auto debit of the credit card on file for any of the membership commitments.