



Doggie Daycare Waiver and Consent Form

Owner Name(s): _____

Owner Address: _____

Dog Name: _____ Age: _____

Dog Breed/Description: _____

Dog Name: _____ Age: _____

Dog Breed/Description: _____

Dog Name: _____ Age: _____

Dog Breed/Description: _____

Emergency Contact: (must be local)

Contact Name: _____

Contact Phone Number: _____

This Daycare Waiver and Consent (“Waiver”) is given by [Owner’s Name] this [day of month] day of [Month], 20[year] to Valley View Animal Hospital for the dog(s) listed above.

This Waiver shall be in effect unless otherwise revoked by the owner for three months. A current Waiver must be on file in order for the dog(s) to attend daycare.

Owner represents the following: (please initial by each statement)

- I represent that I am the legal owner of the dog(s) noted above to enroll the dog(s) in the Valley View Daycare program.
- I understand that when participating in daycare, my dog(s) cannot be wearing a collar or leash due to safety concerns.
- I represent that my dog(s) is in good health, is up to date on all required vaccinations for Canine Distemper/Parvovirus, Rabies, and Bordetella (Kennel Cough), is free of fleas, ticks and lice, and has not been ill within the last 2 weeks.
- I understand that while my dog(s) is/are fully vaccinated, that vaccines are not guaranteed and there is a small risk that my dog(s) may contact a contagious disease or illness. I agree that should this occur, I am responsible for my own pet’s care, medical attention, and costs associated with this.
- I release Valley View Animal Hospital, its staff, owner, agents, and representatives, as well as any other dog owners, from any and all liability related to injury, sickness, damage, or death resulting in participation in daycare.
- I understand that although all dogs are supervised, incidents of injuries may occur from playing with other dogs, which may include but is not limited to bites, scrapes, scratches, and sprains. I waive any claims against Valley View Animal Hospital, its staff, owners, agents, or representatives, or owners of other daycare participants for any claims relating to any injuries incurred by my dog(s) while participating in daycare.
- I represent that my dog(s) is/are appropriately socialized with both people and other dogs, and has not harmed or shown threatening behaviors towards any person or other dog. I understand that Valley View Animal Hospital reserves the right to remove my dog(s) from the play area and place my dog(s) in a separate holding area should my dog(s) display any unwanted or inappropriate behaviors. I further understand that I may be asked to pick my dog(s) up early from daycare in the event that my dog(s) exhibits any of these behaviors and that I will not receive a refund for the day.
- I hereby authorize Valley View Animal Hospital staff to contact my veterinarian should any injuries or illness require medical attention. In the instance where your chosen veterinarian is unable to be reached, I authorize the veterinarians of Valley View Animal Hospital to provide necessary medical attention to my dog(s). I agree that I am solely responsible for any medical expenses incurred for my dog(s).
- In the event that I fail to arrive by the time Valley View Animal Hospital Daycare closes (5:00pm) to pick up my dog(s), Valley View Animal Hospital is authorized to contact my Emergency Contact to pick up my dog(s). I understand that this emergency contact must show identification to pick up my dog(s) and that I may be charged additional fees for failing to arrive prior to pick-up time (5:00pm).

MEDICAL RELEASE

In the event that a medical emergency arises while my dog(s) is in the care of Valley View Animal Hospital, daycare staff will seek emergency medical treatment for the dog(s) with Valley View Veterinary Staff or the nearest pet emergency facility if injuries warrant this type of care. Valley view Animal Hospital will notify owner of any emergency illness or injury as soon as possible.

I understand that in the event of a medical emergency the Valley View Animal Hospital, in its sole discretion, deems it appropriate to seek immediate attention of a licensed veterinarian, I will be financially responsible for any medical treatment my dog(s) receives as a result of the emergency. I further authorize Valley View Animal Hospital to transport my dog(s) to an emergency facility, and to seek and authorize emergency medical treatment deemed necessary by a treating veterinarian prior to my arrival at the emergency treatment location.

With my signature below, I certify that I have read and understand the agreement and waivers. I agree to abide by the regulations and accept all terms and conditions as set out.

Owner Signature: _____ Date: _____