

**Animal Care Center**

**ANNUAL DAY CARE FORM**

**Year \_\_\_\_\_\_\_\_\_\_**

Prattville, AL

***Please read over and initial this daycare agreement for the year above***

Our doggie daycare at Animal Care Center is a safe place where your pet can play, socialize, and exercise while you are away at work for the day. We will place your pet in a group setting once we have evaluated your pet’s personality, energy level and any medical issues. Some pets may not “play” well with others and it is our goal to gradually introduce them to a play group. While in groups, pets are always supervised, however injuries may occur. We do our absolute best to minimize these incidents. We will provide fun activities for them customized to their needs. It is our goal for them to leave our facility and Wag More and Bark Less!

To achieve our goal, we need to get some information about your dog. Please assist us in answering the following questions.

Does your dog growl or become aggressive around food or toys? Yes or No (briefly explain)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your dog share well with others?     Yes or No

Can your dog climb or jump a fence?      Yes or No

Can we give your dog treats approved by Dr. Macie?     Yes or No (Allergies)

Does your dog know any tricks?    Yes or No

Does your dog have any of these issues? **(Please Circle All That Apply)**

Aggression Excessive Barking Separation Anxiety Possessive Noise Phobia

Chews    Digs Jumper Stool Eating Shy

Anything you would like us to help with? (i.e., basic commands or housebreaking)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medications:                                                 Special Instructions or Restrictions:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                                   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                                    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                                    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*\* Please understand if your dog shows repeated aggressive or menacing behavior that he/she will be moved out of a group play setting. If the behavior continues, your dog may be asked to leave the daycare program.

**Policies and Guidelines**

We require the following vaccines be up to date:

DHPP, Lepto, Bordetella, Influenza, Rabies

We require all animals be on monthly parasite prevention and flea prevention.

THIS IS FOR THE SAFETY of all our daycare participants and boarding guests.

If veterinary services are not provided by Animal Care Center, then we require medical records from the veterinary hospital who provided these services or sold the preventatives.

Special veterinary services and full-service bathing is available while your pet is here with us. Please let us know if you are interested

We provide all bedding and bowls to ensure proper sanitizing and to prevent lost items.

Reservations are highly recommended, and availability is on a first come, first served basis. Cancellations should be made 24 hours in advance, otherwise you may be charged a “no- show” fee.

Our daycare hours are 7:30 am to 5:30 pm. Daily pick up is from 4:30-5:30. If you will need early pick up, you must let us know at the drop off time. If you are unable to pick up your pet by 5:30 pm, he/she will be moved to overnight boarding, and you will be responsible for additional charges.

\_\_\_\_\_\_ (initial) In the event my pet becomes ill or injured, I authorize any emergency treatment and/or administration of medication deemed necessary by the attending veterinarian. Animal Care Center will always attempt to contact you before anything is done. I understand it is my responsibility to provide up to date contact information.

\_\_\_\_\_\_ (initial) I understand the cost of daycare and any associated charges are a lawful debt, and I promise to pay the cost of collections, attorneys fees and court costs if such become necessary.

\_\_\_\_\_\_\_ (initial) I agree to hold harmless and person who may assist in caring for my pet, or for any claim for damages to my pet and property. I also release them from any liability or responsibility for any accident, injury or illness to my pet while attending doggy daycare.

\_\_\_\_\_\_\_ (initial) I consent to photos or videos of my pet being used for online social media, websites or print and media advertising of any kind.

By signing below, I verify that I understand the above information, and will discuss any updates throughout the year as indicated. I acknowledge that I have read and agree to Animal Care Center’s Daycare yearly and pricing.

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pet\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred contact number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DAYCARE HOURS** **Mon, Tue, Thu, Fri:** 7:30am–05:30pm

**Icon

Description automatically generated**

**ANIMAL CARE CENTER**

**LIMITED POWER OF ATTORNEY FOR PET EMERGENCY CARE**

**Owner name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pets name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I appoint Animal Care Center as my attorney-in-fact, to do all that is necessary or desirable for maintaining the health of my pet listed above, specifically, to approve and authorize any and all medical treatment deemed necessary by a duly licensed veterinarian and to execute any consent, release or waiver of liability required by veterinary authorities' incident to the provision of medical, surgical or other essential care to my pet by qualified veterinary medical personnel. This document is good for one (1) year. (Initial)\_\_\_\_\_\_\_\_\_

Animal Care Center may authorize, without approval from me, veterinary services up to and including the amount listed below. Any amounts over and above that will require that a technician or the veterinarian to contact me by phone at the emergency contacts I will provide for discussion and approval. (ENTER AMOUNT NOT TO EXCEED PER PET.) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Initial)\_\_\_\_\_\_\_\_\_\_\_

I understand that if Animal Care Center Veterinarian on staff or an Employee are not able to contact me for verbal or written approval, that treatment will not exceed the amount authorized above. (Initial) \_\_\_\_\_\_\_\_\_\_

Based on the emergent nature of need, my pet will be evaluated and treated by a veterinarian on staff at Animal Care Center or transported to the Veterinary Emergency Hospital if after veterinary office hours. (Initial) \_\_\_\_\_\_\_\_\_\_\_

I am responsible for all charges incurred at Animal Care Center and/or the Veterinary Emergency Referral Center. (Initial)\_\_\_\_\_\_\_\_\_\_\_

\*\*\* In the unlikely event of a cardiac or respiratory arrest, we will do all we can to resuscitate your pet. I understand that I am responsible for any additional costs related to this event.

\_\_\_\_\_\_\_\_Please resuscitate my pet. I will pay any additional charges this may incur.

\_\_\_\_\_\_\_\_Do not resuscitate my pet.

EMERGENCY CONTACTS

List who you want us to call first. If that is your number, please indicate that here.

Emergency Contact #1:

First/Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Owner\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This contact can make medical decisions for my pet on my behalf. YES or NO

Emergency Contact #2:

First/Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Owner\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This contact can make medical decisions for my pet on my behalf. YES or NO

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Signature of Owner or Authorized Agent Date

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Signature of Animal Care Center Employee Date