

Waverly Boarding & Grooming, L.L.C.

Waverly Animal Hospital, P.C.

233 S. Waverly Road | Lansing, Michigan 48917 | (517)323-4156

www.waverlyanimalhospital.com

CANINE BOARDING/DAYCARE/PLAYTIME AGREEMENT

Date: _____

This agreement is valid for one year from this date.

("owner" refers to pet owner)

Dog's Name:	Owner's Name:	e-mail address:
Home Phone:	Work Phone:	Cell Phone:
Emergency Contact Name: (other than owner)	Emergency Contact Phone:	Authorized visitors or drop-off/pick-up (if other than owner):
Primary Veterinarian Name/Facility:	Primary Veterinarian Phone:	Permission to Obtain Veterinary Medical Records if necessary (circle): YES NO

VACCINATION POLICY

To provide a healthy environment and to prevent the spread of disease among pets in our facility we require dogs to be vaccinated **by a veterinarian** for the following: rabies, Bordetella (within 6 months), distemper/adenovirus(hepatitis)/parvovirus/parainfluenza combination (often listed as DHPP or DA2PP), and Leptospirosis (within 12 months). It is highly recommended that all vaccinations be up to date at least 7 days prior to boarding. Proof of vaccination from a veterinarian is required.

Rabies Date Given:	DHPP Date Given:	Leptospirosis Date Given:	Bordetella Date Given:
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Illness/Injury Policy*

Should your dog develop an illness or injury during boarding or daycare medical attention by our veterinary staff is available. We will contact the numbers provided if medical treatment is deemed necessary. If no one is able to be reached the veterinary staff will use judgment in what is in your pet's best interest. Should immediate treatment be required and the owner or emergency contact is unable to be reached the owner authorizes up to the following amount: \$_____

Owner Signature: _____

Date: _____

-OR-

DO NOT PROVIDE MEDICAL TREATMENT until the owner or emergency contact has been reached.
(In the event of a severe life-threatening medical condition or injury Waverly Animal Hospital, P.C. will use necessary judgment and your dog may be examined or stabilized prior to owner contact).

Owner Signature: _____

Date: _____

***Treatment and testing is required for potentially contagious diseases or parasites** (i.e. coughing, vomiting, diarrhea, fleas, et cetera) and owner is responsible for expenses associated with treating and diagnosing.
_____. (Initials)

Infectious Tracheobronchitis Statement

Infectious tracheobronchitis (also known as Bordetella or "kennel cough") is a highly contagious airborne disease of dogs. It is similar to whooping cough in humans and generally runs its course in 10-14 days; some cases can be more severe and have a prolonged recovery. The disease is caused by a combination of viruses and bacteria.

A combination vaccine is available for prevention and in some instances prevents carrier dogs from spreading the disease.

Dogs showing signs of the disease or recently recovered will not be allowed to board with us until two weeks after the symptoms have stopped.

Owner understands that even vaccinated dogs can sometimes contract infectious tracheobronchitis, although usually the symptoms are less severe than would be in an unvaccinated dog. Should the owner's dog contract infectious tracheobronchitis during or after their stay, Waverly Animal Hospital/Boarding & Grooming will not be held responsible as this is an inherent risk of any kennel environment.

_____. (Initials)

Medications and Health Conditions

Please list medications your pet requires, **there is an additional fee for our medical staff to administer:**

Name of Medication	Quantity Given	Frequency	Time of last dose given

Please list any medical conditions or health concerns your dog has: _____

Has your dog ever had a seizure? If yes, list last date of seizure and any treatments: _____

Behavior Information

- Has your dog ever growled at another dog? YES___ NO___
- Has your dog ever growled at a person? YES___ NO___
- Has your dog ever bitten/attacked another animal? YES___ NO___
- Has your dog ever bitten/attacked a human? YES___ NO___
- Has your dog ever shown possessive/aggressive behavior over any of the following: (check if yes)
Toys___ Food___ Crate/Kennel___ People___ Other pets___
- Has your dog ever climbed/jumped over a fence? YES___ NO___
- If you answered YES to any of the above questions, please explain: _____

- Is your dog afraid of anything? Please explain: _____

- Please list any commands your dog knows: _____
- Does your dog have special commands for urination or defecation? _____
- Please list any other pertinent information about your dog: _____

Feeding Information

- Does your dog have food allergies? YES___ NO___
If YES, please list the allergens: _____
- Does your dog have a history of a sensitive stomach? YES___ NO___
- What food does your pet normally eat? Please list brand: _____
- How much do you feed your dog and how often? _____

- Did you bring your dog's food for his/her stay? YES___ NO___
- If we are feeding your dog, please circle what you would like us to feed:

Science Diet Sensitive Stomach Iams MiniChunks Iams Lamb&Rice

Iams Smart Puppy Other*:

*Owner is responsible to pay for any veterinary prescription diets that are opened for their pet. Waverly Animal Hospital's staff will use their best judgment in adjusting diets for pets refusing to eat, being finicky, or those that lose weight during their stay.

_____. (Initials)

Deluxe Daycare and Group Playtime

Deluxe daycare and group playtimes are for friendly and healthy dogs. Dogs must be spayed or neutered by six months of age to participate. Waverly Boarding & Grooming / Waverly Animal Hospital will assess each dog before introducing them to other dogs and will be supervised by trained staff members. Our goal is to provide an enjoyable and safe environment for dogs and staff members. Aggressive and extremely shy dogs will not be allowed in group playtimes – appropriate behavior modification or referrals will be recommended. Although we do everything in our capabilities to keep dogs and people as safe as possible, there are inherent risks of injuries associated with dogs and group play, such as but not limited to: bite wounds, scratches, limping, contagious diseases or parasites, and in rare situations death. Owner understands these risks and will not hold Waverly Boarding & Grooming / Waverly Animal Hospital responsible in the event of illness or death as long as our standard precautions were followed as deemed appropriate at our discretion.

_____. (Initials) I have read the above and want my dog to participate in group play.

_____. (Initials) I decline group play for my dog, see alternative daycare or playtime options below.

Regular Daycare and One-On-One Playtime Participants ONLY

Other options are available for dogs that do not qualify for group play, or if owner does not want group play for their dog. Regular daycare consists of three walks outside, separate from other dogs. One-on-one playtime consists of your dog spending time with a staff member and not other dogs for twenty minutes getting personal attention and play.

_____. (Initials) I would like my dog to have regular daycare.

_____. (Initials) I would like my dog to have one-on-one playtime.

Boarding Disclaimers and Provisions

1. Boarding is charged by the night, regardless of the time the pet is admitted or released. There is a minimum charge for one night of boarding.
2. Pets must be picked up during hours of business; discharges after hours are not allowed.
3. Dogs here for daycare that are not picked up will be charged a night of boarding.
4. Personal items are left at owner's risk. We are not responsible for loss or damage.
5. There is an additional fee for medication administration.
6. Morning, noon, and evening walks are included for all boarding areas; a twenty minute group playtime or one-on-one playtime is included for dogs boarding in deluxe condos and runs.
7. There are additional fees for bath, brush, and nail trims, professional grooming, extra playtimes, pool times, and extra walks.
8. Waverly Animal Hospital reserves the right to refuse any dog at check-in if appears sick or its behavior jeopardizes other pets or our staffs' safety.
9. Waverly Animal Hospital reserves the right to refuse or ban dogs from certain activities or the facilities.
10. Owner agrees to pick up pet on the scheduled day or to notify Waverly Animal Hospital if reservation needs to be extended. The pet will be considered abandoned if owner fails to pick up pet within 10 days of receiving abandonment letter to the address provided to Waverly Animal Hospital. Waverly Animal Hospital will handle pet in accordance with Michigan state law. Abandoning pets does not relieve owner of financial obligation to Waverly Animal Hospital.
11. Owner certifies that to the best of their knowledge all behavior and medical information on this statement is true.
12. Owner agrees to make complete payment to Waverly Animal Hospital, P.C. at the time of discharge. Waverly Animal Hospital reserves the right to request payment/deposits at their discretion.

I HAVE READ, UNDERSTAND AND AGREE TO ALL PROVISIONS OF THIS AGREEMENT

Client/Owner Name: _____ Signature: _____ Date: _____

Client/Owner Name: _____ Signature: _____ Date: _____

Employee: _____