

ASPEN CREEK VETERINARY HOSPITAL

Boarding & Daycare Consent:



Client's Name: _____ Date: _____

Dog's Name(s): _____

In order to establish a safe and healthy environment for all participants in our daycare program, this facility requires that all dogs in our care have proof that required vaccines have been administered and are current and that a fecal or deworming has been completed within the last 6 months.

I certify that my dog has received the following vaccines:

For multiple dogs, please list the administration dates for the following vaccines.

Rabies: _____ DA2PP: _____ Bordetella: _____ CIV: _____

Pets that are too young to have completed their entire series of vaccinations may not yet be fully protected and, thus, owners of these dogs must accept any risks of infection. Initial: _____

Is your dog on monthly heartworm preventives? ___ yes ___ no - Product Name: _____

I _____ verify that the above named dog(s) are in good health and to my knowledge have not shown clinical signs of any communicable disease within the last **14 days**. I further certify that neither dog has caused harm to nor shown aggressive or threatening behavior towards people or dogs. By initialing each section, I confirm that I have read and understand the following (please initial next to all):

_____ 1. I understand that attendance by my dog(s) in this daycare/boarding program involves group play with other dogs. Although the staff at this facility will closely supervise all participants, I accept that play behavior, unknown or undocumented aggression, or participation in routine daily activities can lead to altercations or injuries. I assume the risks of and responsibility for the costs to treat any injuries my dog(s) sustains while playing at this facility. I further understand and accept that in the absence of negligence, the owners and staff will not be held liable for any injuries or deaths related to my dogs' participation in this program.

_____ 2. In the event my dog(s) contracts a communicable disease during the time he/she is attending this program, I assume the risks and accept responsibility for the costs for all treatments. I also agree to withhold my dog(s) from this program until he/she has been free of any signs of communicable disease for at least 48 hours. Although risks of acquiring communicable disease are small, I accept them and, in the absence of negligence, agree to hold this facility harmless from expenses incurred for treatment.

_____ 3. I understand and agree that if the need arises, emergency medical care for my pet will be provided by Aspen Creek Veterinary Hospital (ACVH) and I agree to pay all reasonable costs for such treatment. I have been informed that someone from ACVH will attempt to call me as soon as the situation is stable, at which time authorization for further care will be transferred to me. The veterinary facility of my choice is _____ . In the rare and unfortunate event that my pet dies while in the care of ACVH, my pet will be taken to my designated veterinarian and maintained for pick-up or further instruction.

_____ 4. **I understand that if the temperament of my dog is deemed to pose a danger to any human handlers, other dogs, or to the dog itself, that my dog will be removed from general population and playgroups. An additional "Out Alone" fee will apply.**

I have read this consent and understand that some risks always exist when groups of dogs are allowed to intermingle.

Signature of Owner or Authorized Agent: _____ Date: _____

