



## DOG TALES ACTIVITY CENTER: CONSENT FORM

Pet's Name (first & last): \_\_\_\_\_

### Vaccinations:

**Documentation must be provided for all vaccinations & titers done at another clinic.**

**Dogs** must receive Rabies, Distemper/Parvo, Bordetella (every 6 months), & Canine Influenza. **Cats** must receive Rabies & FVRCP.

\_\_\_\_\_ I understand that all pets must be current on all required vaccines at least 2 weeks (14 days) prior to their reservation. Current titers are acceptable in lieu of vaccinations.

### Health:

**Should a medical problem arise during my pet's visit, Advanced Animal Care of Colorado (AACC) will make every effort to notify me of my pet's status & provide an estimate of possible treatment costs.**

\_\_\_\_\_ I agree to inform AACC if my pet has been exposed to any contagious diseases or shows any signs of illness & avoid bringing them on the premises unless approved by AACC.

\_\_\_\_\_ If a medical problem should arise & I do not choose to treat it, I understand that my pet may not be allowed to stay depending on the severity of the situation in order to ensure all staff & client safety.

\_\_\_\_\_ Should the condition be life threatening, of a contagious nature, or of a nature that will worsen without treatment, supportive treatment will be performed & the charges will be added to my account & I will assume full responsibility for any charges. These charges may include Day Lodging if I do not pick up my dog within 3 hours of positive test results.

\_\_\_\_\_ If my pet requires medication during their visit, I understand that it must be brought in its original container. All sedatives must be under a prescription from a veterinarian & have written owner consent to give. All products not labeled for use on pet animals must only be given with written consent from the owner.

### Safety:

\_\_\_\_\_ I understand that Dog Tales Activity Center acknowledges & follows all PACFA guidelines in regards to pet care while in lodging, daycare, & grooming.

\_\_\_\_\_ I agree to notify Dog Tales to the best of my ability to any behavioral concerns I have including triggers to aggression, reactivity, anxiety, etc.

\_\_\_\_\_ I understand that AACC requires all pets to be confined to a kennel or a leash when on AACC property unless they are in a designated play area.

\_\_\_\_\_ I acknowledge that my dog may be crated or leashed upon arrival, during their stay, or after daycare closes at 5:00pm. Dog Tales reserves the right to give crate breaks to dogs believed to be overwhelmed or overtired from play as well as for any behavioral infractions that pose a danger to staff or other clients.

\_\_\_\_\_ To ensure the safety of our staff & other participants, I understand that AACC reserves the right to refuse services at any time that may create an unsafe situation in our facility.

\_\_\_\_\_ In the unlikely & unfortunate situation of your pet passing away while in our care, AACCC will maintain the remains on our premises until I can determine what my choice is for these remains.

**Daycare:**

\_\_\_\_\_ I agree to notify Dog Tales to the best of my ability of any behavioral changes observed during their time as a daycare attendee including changes in reactivity, anxiety, etc.

\_\_\_\_\_ I acknowledge that my dog will socialize with other dogs in the daycare garage & play yard & that while the dogs will have constant & direct supervision, there is always a risk that they could be exposed to infections or get injured during play or squabbles between other daycare attendees.

\_\_\_\_\_ Keeping in mind the nature of dogs at play, I acknowledge these risks & will not hold AACCC or its employees responsible for any injuries or illnesses that may occur as a result of my dog participating in any approved, supervised social activity.

\_\_\_\_\_ I understand that I am responsible for any charges incurred while my dog is in daycare including, but not limited to; Daycare, Lodging, Grooming, giardia testing, vaccines, Tech Appointments & Doctor's Exams as well as all associated fees.

**Pick-Up Times:**

\_\_\_\_\_ I understand that all pets are required to be picked up during posted Dog Tales hours. Special arrangements can be made for early drop-offs & late pick-ups if requested before the time of appointment & these arrangements will result in additional charges.

**Photos/Videos:**

**Unless specifically denied permission below, AACCC & Dog Tales reserve the right to use photographs or video footage taken during your pet's stay. These images may be used for social media, promotional material, literature, programs, seminars, & any other business-related reasons.**

\_\_\_\_\_ I **DO NOT** grant AACCC & Dog Tales permission to use photos of my pet for any business-related reasons.

**Should unexpected life-saving emergency care be required & the hospital staff is unable to reach me, the following person(s) have my permission to make decisions regarding my pets care on my behalf.**

Co-Pet Parent: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Secondary Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**In consideration of Advanced Animal Care of Colorado allowing me to participate in its ancillary services including; Daycare, Lodging, Grooming, & vet care, I waive all claims for damages, injury, or loss to me or my pet(s) related or unrelated to other pets in this facility. I also waive any claims against AACCC's employees.**

**I have read & understand all terms & conditions set forth above.**

Pet Parent (or Agent): \_\_\_\_\_ Phone: \_\_\_\_\_

Pet Parent (or Agent) Signature: \_\_\_\_\_ Date: \_\_\_\_\_