



Daycare Admission Form

FOR OFFICE USE ONLY: Checked-In (Computer) Invoiced

<first-name> <last-name> **Spay/Neutered Dogs over 6 months must be spayed/neutered to attend Daycare**

<Animal>

Emergency Contact #: Name(s) _____ Number(s) _____

Vaccines Due

Canine Up to Date **Due:** Rabies DHPP Lepto Influenza H3N8 Influenza H3N2 Bordetella
Fecal Heartworm Test Exam

All day ½ day AM PM

Additional services to be performed:

_____ Dogs must be in good health and must have valid proof that he/she is current on Rabies, DHPP, Bordetella, Lepto, and K9 Influenza (H3N8 & H3N2) before they can be dropped off for any daycare services. Pets 6 months old or older must be spayed or neutered.

_____ Dogs arriving with fleas or ticks will be treated at the owner's expense

_____ If your pet should become ill, or in the rare instance of a bite or other injury required the care of our veterinarians, each owner shall be responsible financially for the medical services provided to their own dog. We will administer first aid and have one of our doctors exam the dog. We will call the emergency number provided by you. If we cannot get in contact with you we will take in mind your pet's best interest and treat them accordingly. Dogs who are injured due to biting or fighting will be boarded for the rest of their day and will not return to daycare.

_____ Countryside Pet Resort reserves the right to refuse daycare services to any dog due to aggression towards other dogs or people. If your dog gets in three fights in a calendar year we will not let him/her continue to attend daycare.

While every effort will be made to protect my dog, I understand that <Animal> will be interacting with other dogs and possible injury/illness may occur. I will not hold Countryside Pet Clinic and Resort responsible or liable for any accident or injury that occurs while in Countryside Pet Resort Daycare.

Owner's/Agent's Signature _____ Date _____