



Doggie Day Care Contract

Client Name: _____ Date: _____

Daytime Phone: _____

Pet Name: 1. _____ Breed: _____

Pet Name: 2. _____ Breed: _____

Pet Name: 3. _____ Breed: _____

Doggie Day Care Packages

Packages must be paid in full the day by the first of day of the daycare. Daycare packages expire three months after the contract date.

Daily \$11.50

10 day package \$103.50 (save \$11.50)

20 day package \$207 (save \$23)

Playtime Instructions

Does your pet show aggression towards people or other animals? Yes No

Does your pet play well and get along with other animals? Yes No

Do you give your consent to have your pet free-play in the yard with other dogs during playtime? Yes No

Group Play Consent

I understand that during playtime my dog will be playing in a group with other dogs. Although the staff of Aspen Grove Veterinary Care will closely supervise all boarders, I understand and accept that play behavior, unknown or undocumented aggression, or participation in routine daily activities can lead to altercation or injuries. I willing assume all risks of and responsibility for the costs to treat any injuries my dog(s) sustain while boarding at this facility. I further understand and accept that the owners and staff will not be held liable for any injuries or deaths sustained by my dog while under the care of Aspen Grove Veterinary Care.

Emergency and Medical Treatment Authorization

I understand that while Aspen Grove Veterinary Care takes all reasonable steps to avoid communicable diseases, there is still a small risk of acquiring a communicable disease while boarding. In the event my pet(s) contracts such a disease while boarding, I assume all the risks and accept the responsibility for the costs of all treatments. I further agree to hold the owners and staff of Aspen Grove Veterinary Care harmless from expenses incurred for such treatment.

I understand and agree that if the need arises, emergency medical treatment for my pet will be provided by the doctor(s) and staff of Aspen Grove Veterinary Care and I agree to pay all reasonable costs associated with such treatment.

I understand that someone from Aspen Grove Veterinary Care will attempt to notify me at the phone number(s) I provide and that if I, or my agents, cannot be reached in a reasonable amount of time I authorize the doctor of this facility to make all medical decisions for my pet.

Health & Personality Acknowledgement

I verify that the pet(s) on this contract are in good health and to my knowledge have not shown any clinical signs of any communicable disease or parasite within the last 14 days. I further verify that they have not caused harm to or shown aggression or threatening behavior towards people or other dogs. I have discussed and made the doctor(s) and staff of Aspen Grove Veterinary Care aware of any health or personality concern I have regarding my pet(s).

Client Signature: _____

By signing above I acknowledge that I have read and understand the boarding policies and prices of Aspen Grove Veterinary Care and give my consent for each. I further acknowledge that I have been encouraged and provided the opportunity to discuss all my questions and concerns and they have been answered to my satisfaction.

Payment, in full, is required at time services are rendered. We accept Cash, Checks, MasterCard, Visa, and Discover. Care Credit is the only payment plan we offer.