

DOGGY DAYCARE ADMISSIONS FORM

As the owner or authorized guardian of this animal, I give permission to the clinic to receive, treat, prescribe, or otherwise care for the animal above as deemed necessary. Should injury or circumstance warrant the need for emergency service, I understand that the clinic will try to contact the necessary people before treatment but will exercise the option to proceed if no one is available for approval.

Emergency Contact Name: _____ Phone Number: _____

****Owner must E-mail, Fax or bring proof of all required vaccinations received from other Veterinary Clinics, Rescues or Animal Shelters. NO owner vaccinations accepted!**

Records Verified _____ Employee Initials Only

1.) All dogs must be current on their Rabies, Kennel Cough (Bordetella), and at least (2) DAPPL4
- if NOT current on any or all, then MUST be vaccinated 10 days prior to daycare.

PUPPIES: Minimum age to stay in Daycare is 16 weeks old and they must have at least 2 sets of DAPPL4 vaccinations 2 weeks prior to coming in for daycare.

Owner must understand that the puppy is not 100% protected until after 18 wks old! _____ **(Please Initial)**

Canine Influenza vaccination is also highly recommended but not required.

Would you like to have your dog vaccinated for the following?

Canine Influenza (\$50.51) _____ YES _____ NO **(Please Initial)** Current _____

2.) All dogs must be on a prescribed flea prevention or will be given a Capstar upon arrival whether fleas are seen or not. Current Flea prevention _____

Capstar is an oral flea pill that kills all fleas on the animal within 30-45 minutes _____ **(Initials)**

3.) All dogs must be on a monthly heartworm preventative or will require fecal and/or de-worming upon arrival. Fecal and de-worming can be done the day of check-in.

Current Heartworm prevention _____

Please initial one: Fecal (\$36.00) _____ Declined Fecal _____

Deworm my pet(s) for Hooks, Rounds and Whipworms- Strongid-T for \$7.50 _____

4.) Medications given to pet while at Daycare. Bring ALL your dog's medications in ORIGINAL bottles with a list of how much and when you give each one to help ensure they are given properly.

A charge of \$2.00 will be applied to your bill for Medications given to your pet. _____ **(Please Initial)**

LIST ALL MEDICATIONS:

5.) I give consent to Gatesville Animal Clinic to take and post pictures of my pet to social media and/or website.

Accept _____ Decline _____

OUR DAYCARE POLICY:

In order to give each and every one of the dogs the time and care they need, our Daycare Check-In and Pick-up times are as follows:

FULL DAY: Check-in at 8:00 am and Pick-up at 5:00 pm

** includes 4-5 walks/playtime per day & FREE afternoon Pupcup treat

1/2 DAY: Morning Check- in at 9:00 am and Pick- up at 12:00 pm

Afternoon Check- in at 2:00 pm and Pick- up at 5:00 pm

** includes 2-3 walks/playtime per day

NOTICE: 1/2 Day Daycare dogs must Check-Out (picked up) by 1:00 PM for morning and 5:00 PM for the afternoon.

**A \$10.00 fee will be added for late pick-ups. _____ (Please Initial)

** You may request an early Check-in at 8:00 am for 1/2 day Daycare for an additional \$3.00 _____ (Please Initial)

NOTICE: Daycare is not available during specific holiday weeks in order to leave sufficient space for Boarders.

EXTRAS:

Play and Pamper Package - With a Full day of Daycare, your dog will get a Bath and Toenail Trim for 15% off. _____ (Please Initial for this package deal)

Bubble Playtime (15 minutes) - \$10.00 _____ (Initial for Extra)

Extra Snuggle time (15 minutes) - \$10.00 _____ (Initial for Extra)

Video Call (10-15 minutes) - \$10.00 _____ (Initial for Extra)

PupCup or Frozen treat - \$3.00 _____ (Initial for Extra)

Barkin' Bargain Bundles (BBB): *Please Initial one to start saving!*

5 pack (5% savings when you prepay for 5 Full Daycare sessions) _____ (Initials)

10 pack (10% savings) _____ (Initials)

20 pack (20% savings) _____ (Initials)

We strive to provide your dog a stress-free day out, filled with fun and lots of special attention.

We appreciate your cooperation and understanding of our policies to provide a fair and timely service to all.

I have read and understand all of Bar N Veterinary Clinic's policies regarding the care of my animals during their stay.

SIGNATURE: _____ DATE: _____