



Dog Day Care Service Contract

Client & Dog Information

Guardian's Name:	Guardian's Name:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:
Home Phone:	Home Phone:
Address:	
Dog's Name/ ID:	Dog's Name/ ID:
Breed/Age/Sex:	Breed/Age/Sex:

Emergency Information

Emergency Contact:	Phones:
Alternate Emergency Contact:	Phones:
Vet Office/ Vet's Name:	Phone:
Vet Address:	
Current Medications:	Reason(s) for Meds:
Important Medical History Notes:	



General Care Information

Dog's Regular Treats:	Other treats okay? Yes No
Treat/ Dietary Restrictions:	
Dog's Known Behavioral Issues:	
Special Instructions or Notes regarding Behavioral Issues:	

Description of Services

Full Day Half Day Other:	Start Date:
Days Needed: M Tu W Th F 5days/week	
Rate per Day: \$	Approximate Monthly Fee: \$



Liability Waiver & Policies

1. **HoundAway** will endeavour to offer only sound, safe, and responsible care for my dog(s). However, I have been told and understand the risks inherent in dog day care, including but not limited to interactions with other dogs and potential exposure to disease and parasites such as but not limited to fleas. Further, I am and will remain responsible for the actions of my dog at all times and I hereby agree to indemnify and hold harmless **HoundAway** of any and all claims of injury, expense, costs, or damages caused by the actions of my dog while under **HoundAway's** care. I have been told by **HoundAway** and understand the inherent risks of owning a dog, including but not limited to the risk of dog bites to others or myself. I recognize that **HoundAway** is not responsible for any unintentional errors, omissions, or incorrect assertions. I understand that the recommendation of any other product or service is not a guarantee of my satisfaction with that product or service.

2. I authorize emergency medical care to be provided by the above-named veterinarian, or an appropriate alternate to be determined by **HoundAway** in the event my regular veterinarian is not available or that closer care is required. I will reimburse **HoundAway** for any charges related to emergency care. _____

I authorize **HoundAway** to administer or seek first aid and resuscitative care as determined appropriate by **HoundAway** and I agree to indemnify and hold harmless **HoundAway** for all and any results thereof. _____

I DO NOT authorize **HoundAway** to administer or seek first aid and resuscitative care as determined appropriate by **HoundAway** and I agree to indemnify and hold harmless **HoundAway** for all and any results thereof. _____

3. Payment Policy: Payment is due upon pick-up or prepaid if you are purchasing one of our savings packages. Payment is also prepaid if we are dropping off at client's place of residence or if a third party will be picking up your dog.

4. Cancellation Policy: We require 24 hours notice to cancel your booking.

5. Grooming Policy: Grooming Policy: It is our goal to ensure we achieve your desired results however, if your dog is badly matted and does not receive regular grooming we will not be held liable if the condition of your dogs coat dictates what we can and cannot do.

If your dog is not receptive to particular services or becomes aggressive in any way during the grooming process we may/will need to end the grooming session. There will be a fee for services that **have** been rendered.

This contract is validated by the signatures below in total and as approval for future services without additional written authorization.

Dog Guardian	Date	Day Care Representative & Title	Date