

Cilley Veterinary Clinic

Doggie Daycare & Boarding Socialization Agreement

Requirements, Policies and Procedures

The following requirements **must** be met for a dog to interact with other dogs in either the Doggie Daycare Program or when Boarding:

<p>Dogs MUST be current on all the following:</p> <ul style="list-style-type: none"> • Annual Wellness Examination • Rabies vaccine • Distemper/Parvo/Lepto vaccines • Kennel Cough vaccine • Canine Influenza H3N8 vaccine** • Negative Heartworm Test • Negative Fecal Float & Giardia ELISA test, semi-annually. 	<ul style="list-style-type: none"> • Dogs MUST use systemic Heartworm Preventative and Flea/Tick Control Product EVERY month of the year. • All Dogs must be Castrated or Spayed. • Annual Renewal of this Agreement. • **Starting in April, 2018, all dogs will be required to have protection against both Canine Influenza strains H3N8 and H3N2.**
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We try very hard to work with our clients and patients, but we have a NO tolerance policy when it comes to aggressive behavior in any dog. This includes, but is not limited to: growling, excessive barking, lunging towards other dogs or staff, and biting. At the discretion of staff members, if a dog exhibits any of these, or other problem behaviors, they may be expelled from participating in Doggie Daycare, or other socialization programs.

While we make every attempt to put compatible dogs together, dogs can be unpredictable, and a fight could occur. Dogs also play hard, and accidents may happen. Bite wounds, scuffs, or other injuries can result. In the event of an injury deemed by our staff to require treatment, we will try to reach an emergency contact; if an injury requires immediate attention, or if we are unable to reach an emergency contact, we will do what is deemed best for your pet. Anesthesia or sedation could be required to treat a wound. During the performance of this treatment, unforeseen conditions could be revealed that necessitate further treatment, beyond the intended scope of the initial treatment plan. I am aware that unforeseen events resulting from procedures and treatments cannot be guaranteed, and that there is always some inherent risk when using anesthesia or sedation. I understand that I may be liable for the costs of treatment rendered.

ALL EMERGENCY CONTACT NUMBERS where authorized emergency contacts and I can be reached for the length of this agreement:

My Emergency Contact #'s: _____

Alternate Emergency Contact #'s _____

I sign below indicating that I have read, understand, accept, and agree to the terms of this form. I will not hold Cilley Veterinary Clinic responsible in the event of injury, escape, or death.

Signature of Owner or Responsible party

Date