

Cilley Veterinary Clinic
Doggie Daycare & Boarding Socialization Agreement

Requirements, Policies and Procedures

Dogs must be current on all of the following vaccinations, tests, and preventatives to attend daycare or boarding:

- Annual Wellness Examination
- Rabies vaccine
- Distemper/Parvo/Adenovirus-2 vaccine
- Leptospirosis vaccine
- Kennel Cough vaccine
- Canine Influenza vaccine, for strains H3N2 & H3N8
- Canine Parainfluenza vaccine*
- Heartworm Preventative and Flea/Tick Control **EVERY MONTH** of the year.
- Negative **Fecal Float & Giardia ELISA tests** semi-annually.**
- Negative **Heartworm Test****

**If either of these test positive, our staff must be made aware. Special protocols, limitations, and/or fees may apply.

*Parainfluenza is often given within distemper or kennel cough vaccines; it must be administered each year to be effective.

In order to socialize with other dogs, the following additional conditions must be met:

- Dogs must be **Castrated** or **Spayed**.
- Annual Renewal of this Agreement.

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 that prevent them from getting along with ALL other dogs, 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 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 any treatment rendered. I will not hold Cilley Veterinary Clinic responsible in the event of escape, illness, injury or death.

I understand that if a dog is found to have signs or symptoms of any communicable parasite or illness, or recent skunking, they will be unable to participate in any socialization programs until they are cleared by staff to do so.

ALL EMERGENCY CONTACT NUMBERS where **Authorized Emergency Contacts** and I can be reached during the day for the year:

I may be reached at (phone #'s, email): _____

My Alternate Emergency Contact #'s _____

I sign below indicating that I have read, understand, accept, and agree to the terms of this form.

Signature of Owner or Responsible Party

Date