

# CREEDMOOR ROAD ANIMAL HOSPITAL

## Daycare Form

Date: <date>	Patient: <Animal>	Client: <first-name> <last-name>			
Email:	<e-mail>				
Home Phone:	<area> <phone>	Business:	<business>	Cell:	<cell-phone>

**Does your pet need any additional care while here?**    Nail Trim    Anal Glands Expressed    Ear Care  
                                          Medications/Refills    Furminator    Other \_\_\_\_\_

**I would like for my pet to be fed lunch around 1 pm:**    YES ( )    NO ( )  
 How much food? \_\_\_\_\_

**Policies**

Our greatest concern is the well-being and happiness for your pet. To protect your pet and all pets while here, we require all vaccinations to be current. Bordetella Vaccine must have been given within the last six months. The Canine Influenza Vaccine must have been given within the last year. In addition, flea control is a high priority. To keep our kennel and our exercise yard free of fleas, all pets will be examined upon admission. If fleas are found, a flea product will be applied to your pet at an additional cost to you. All pets must have been given a flea control product within the last four weeks, or one will be applied at a charge to you. When was your pet's last application? \_\_\_\_\_

**Daycare Levels**

\_\_\_\_\_ Level 1 - Three exercise times per day

\_\_\_\_\_ Level 2 - *Dogs:* Includes Level 1 plus extra playtime, socialization with other pets, treats, and toys  
*Cats:* Includes petting, brushing, treats

**Temperament Assessment**

If you have requested Level 2 daycare, your pet's first visit will consist of a temperament assessment. If we determine that your pet may place themselves or other dogs at risk, they will only be eligible for Level 1 daycare.

**\_\_\_\_\_ If my pet does not pass the temperament assessment I understand that my pet will have Level 1 daycare.**

**\_\_\_\_\_ You must initial this statement indicating you understand if your pet develops a life threatening problem while here, your pet will receive the appropriate diagnosis and treatment, medications will be administered, and you will be responsible for all charges.**

**Liability Release**

We will not be held liable or responsible in any manor or circumstances with any daycare or services performed, as it is thoroughly understood that I assume all risks.

Signature of Owner or Authorized Agent \_\_\_\_\_ Date \_\_\_\_\_

**Initial and date the day of the week your pet will be playing with us:**

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
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