

# *Pooches' Playtime Pet Profile*

DOG(S)' NAME(S) \_\_\_\_\_

PRIMARY OWNER NAME \_\_\_\_\_

CELL \_\_\_\_\_ WK \_\_\_\_\_ HM \_\_\_\_\_

E-MAIL \_\_\_\_\_

ADDITIONAL OWNER NAME \_\_\_\_\_

CELL \_\_\_\_\_ WK \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

E-MAIL \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_

PH# \_\_\_\_\_

VET \_\_\_\_\_

MEDICAL CONDITION(S) \_\_\_\_\_

MEDICATION ALLERGIES? \_\_\_\_\_

BREED \_\_\_\_\_ SEX M/F ALTERED? (Y/N) AGE \_\_\_\_\_

HISTORY OF AGGRESSION? \_\_\_\_\_

FOOD SENSITIVITIES? \_\_\_\_\_

OFF-LEASH AT PARK? (Y/N) RAW HIDE ?(Y/N) \_\_\_\_\_

NOTES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## *Pooches' Playtime Service Agreement*

**Shot requirements:** Rabies within 3 years or as advised by your vet. Certificate of health or titers are acceptable substitutes. We do not support the routine over-vaccination of dogs.

**Health:** Owners must notify Pooches' Playtime of all health conditions and dogs must be free of all communicable diseases at time of care. Pooches' Playtime is not responsible for any illnesses or injury that may occur while your dog is under our care. Owners must provide dogs' food and medicine. A consent form for treatment must be signed to provide for authorization and payment for all medical care to both a local vet as well as an emergency vet hospital of our choice. Dogs with flea or tick infestation will be bathed at your expense.

**Behavior:** Pooches' Playtime must be notified of any past or present aggression and the circumstances surrounding that aggression so as to prevent recurrence. Owners are liable for any and all veterinarian/medical bills incurred as a result of their dogs' behavior. All aggressive dogs will be kept isolated. Owners are responsible for all damages incurred including the cost of repair &/or replacement of property.

**Fees:** Please read carefully. Payment is due at time of service, and we do not bill clients.

Boarding: (\$45.00/day) Daycare (\$35.00) Half Daycare (\$25) Bath (\$25.00) Outdoor Playgroup (\$23/day), or (\$15/day with boarding or daycare). Late pick up or early drop off (\$10.00). Any pick up past 9AM during our hours of operation incurs a portion of the day care fee for that day.

Forms of payment accepted are VS, MC, cash and checks made payable to Pooches' Playtime. All charges made without a card present will incur a 3% processing fee. To avoid this fee, **bring your card with you at time of payment.** Note that there is a \$20 returned check fee. Delayed payments or insufficient fund charges including original fee amount will be automatically charged to your credit card. All individual service time such as transport & vet appointment time will be charged at an hourly rate of \$25.00/hr.

**Hours:** M-F (7AM-7PM). Saturday by appointment @ 9AM **or** 5PM. Sunday 9AM & by appointment only. We do not guarantee supervision beyond our hours of operation or scheduled pick up.

**Abandoned Pets:** Pets left beyond the agreed upon length of stay may be returned over to the A.C.C. if Pooches' Playtime has not been contacted within 48 hours of pick up time. All excess charges must be paid at time of pick up.

We cannot guarantee the condition upon return of any personal items. We may require a trial day care/overnight at your expense to determine adaptability of your dog to our facility. The risks of cage free care have been explained to me. I have read and understand the above and agree to the terms and conditions set forth by Pooches' Playtime.

Signature \_\_\_\_\_

Date \_\_\_\_\_

# *Pooches' Playtime Consent*

The following consent form concerns the pet(s) named:

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## *Consent to Treatment*

I, (PRINT NAME HERE) \_\_\_\_\_, authorize Pooches' Playtime (Molly Maloney & Jennifer Abejar) to make any and all necessary medical decisions for my pet(s). I agree that while my pet is under their care, treatment for conditions causing any discomfort or possible contagion to other animals will be treated under the sole discretion of Pooches' Playtime and veterinary advice. I authorize all veterinary services to be charged to my credit card.

Added notes: \_\_\_\_\_ (initialize)

Credit Card # \_\_\_\_\_

exp. \_\_\_\_/\_\_\_\_ VS/MC ONLY

In my absence, (PLEASE CHOOSE) (I do) (I do not) wish to be notified if my pet suffers injury or loss of life.

Signature \_\_\_\_\_ Date \_\_\_\_\_