

Countryside Veterinary Clinic's Doggie Day Camp Agreement

Monday - Friday

Drop off: after 8am Pick up: before 6:45pm

Client Name: _____ Number where you can be reached: _____

Pet Name: _____ Pet Name: _____

Secondary Contact Person's Name: _____ Phone#: _____

REQUIREMENTS

If vaccines are not current, Countryside's veterinarians can examine your dog and update these for you at the normal examination and vaccine costs. Alternatively, you can reschedule day care.

- ★ Current vaccinations for Rabies, DA2PP, Bordetella, and Canine Influenza
- ★ Negative yearly fecal
- ★ Microchipped
- ★ Spayed by 7 months
- ★ Neutered by 9 months

TREATS

Your pet may receive treats throughout the day. These treats are typically Hill's Grain Free Duck & Pumpkin or Hill's Hypoallergenic treats. If you would prefer a different treat for your pet, please provide them in a labeled container.

MEALS

We can offer meals while here if needed. Please bring your own food in a labeled container.

Breakfast [] Lunch [] Dinner [] Food Name: _____

ADDITIONAL SERVICES

Please notify a receptionist at drop off if you would like to add any additional services. These services are not included in the day camp charge and will be additional.

- ★ Baths
- ★ Nail trims
- ★ Exams
- ★ Vaccines
- ★ Laboratory testing
- ★ Administer medications

ILLNESS AND INJURY

Countryside Veterinary Clinic takes all possible precautions to avoid illness and injury to your pet while here. If your pet becomes ill or in the event of an accident or injury, we will call the numbers listed above. If no one can be reached, we will perform any treatment deemed necessary by a veterinarian. Medical costs may become your financial responsibility.

PERSONAL ITEMS

Countryside is not responsible for lost or damaged personal items left with your pet.

ANIMAL ABANDONMENT

According to Maryland State Law, if an animal is abandoned under our care, it becomes the property of our hospital.

By signing below, I have read and agreed to all the terms of this boarding agreement by Countryside Veterinary Clinic.

Client Signature: _____

Date: _____

Client Printed Name: _____