



Brookfield: 262.783.7297 [www.doggyoffice.com](http://www.doggyoffice.com) Milwaukee: 414-353-7287

## Agreements

Because your dog's safety is our number one concern at Doggy Office, LLC we require that the following guidelines be followed by all clients:

- All dogs must pass the Doggy Office, LLC behavior assessment for enrollment in our daycare program and overnight boarding.
- All dogs must be spayed or neutered by six months of age.
- All dogs must be current on vaccinations to include, Rabies, Kennel Cough and Distemper. Specifically, Distemper, Hepatitis, Parainfluenza, Parvovirus, Rabies and Bordetella.
- Please do not put the health of other dogs using our facility at risk. If your dog is sick, please call to cancel and leave them at home.
- For the safety of all dogs we ask that you fashion your dog with a quick release collar.

I acknowledge and agree to the following:

\_\_\_\_ I agree to pay all fees for services when I pick up my dog.

\_\_\_\_ I understand that if my dog is not used to regular activity, they may experience sore muscles and sore feet. My dog may be tired and thirsty after daycare.

\_\_\_\_ My dog may get wet or dirty when at daycare or boarding.

\_\_\_\_ My dog is current on vaccinations to include, Rabies, Kennel Cough and Distemper. Specifically, Distemper, Hepatitis, Parainfluenza, Parvovirus, Rabies and Bordetella.

\_\_\_\_ My dog has not had a communicable disease in the last 30 days.

\_\_\_\_ I understand that pictures will be taken of my dog. These may be published on Doggy Office's website, on their premises or by the media without prior approval from me nor will I be compensated in anyway.

\_\_\_\_ I understand that my dog will be in a group setting with other dogs and that injuries to my dog may occur. I will not hold Doggy Office, LLC it's members, employees or other dog owners responsible financially or otherwise for any injuries that may occur to my dog.

\_\_\_\_ I assume financial liability for the acts of my dog(s), and hold Doggy Office, LLC and it employees harmless from financial responsibility due to the actions of my dog.

At the discretion of the staff of Doggy Office, LLC should a medical emergency arise, I grant permission for Doggy Office, LLC to seek medical care for my dog at a veterinarian of their choice. I authorize \$\_\_\_\_\_ for treatment of my dog and will be responsible for payment of this amount.

Date: \_\_\_\_\_

Owners Signature: \_\_\_\_\_