



Butler: 262.783.7297 www.doggyoffice.com Milwaukee: 414-353-7287

Agreements

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

- All dogs must pass the Doggy Office behavior assessment for enrollment in our daycare program and overnight boarding.
- 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.

I acknowledge and agree to the following:

_____ I agree that my dog is current on vaccinations to include: Rabies, Kennel Cough and DHPP. Specifically, Distemper, Hepatitis, Parainfluenza, Parvovirus, Rabies and Bordetella. I understand that it is my responsibility to keep my dog up-to-date on these vaccinations and to provide a copy to Doggy Office. I furthermore understand that without such records Doggy Office can decline my dog entrance to their facility and/or playgroup until said records are received.

_____ I understand that even with current vaccinations my dog may be susceptible to some illnesses, specifically Kennel Cough.

_____ I agree to provide my dog with a quick release collar and understand that collars can be damaged during play. I will not hold Doggy Office responsible for damage done to collars

_____ 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 has not had a communicable disease in the last 30 days.

_____ I understand that all regular daycare packages expire 90 days from purchase

_____ I understand that if I go past 24 hours from my drop off time for boarding, I will accrue daycare charges on the day of pick up

_____ I understand that if my dog is showing inappropriate behavior, he or she will not be included in playgroup

_____ 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 agree to pay all fees for services when I pick up my dog. Doggy Office does not accept checks.

_____ **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 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 and its employees harmless from financial responsibility due to the actions of my dog.

At the discretion of the staff of Doggy Office should a medical emergency arise, I grant permission for Doggy Office 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.

Dog's Name _____

Owner's Signature: _____ Date: _____

Additional Owner Last Name

Last Name

First Name

First Name

Office
Use
Only