

Pet Care Agreement

Check-in /Check-out – Check-in Monday thru Friday 7-10am & 2-4pm. Saturday 7-10am. **Check-out** Monday thru Sunday 8am. Late check-out until 6pm at an additional cost. Releasing your dog(s) to individuals other than you or your assigned Agent must be authorized by you in writing.

Late Departure – If you are unable to pick-up your dog(s) at the agreed departure time, you will need to contact us promptly to make further arrangements. By not picking your dog(s) on time, you are authorizing us to continue caring for your dog(s) and rates will be charged accordingly. We require prepayment for all extended stays.

Food/Snacks – We prefer that you provide your dog’s food/treats packed and labeled separately per meal. We may provide treats or food should the need arise. Please notify us of any allergies.

Personal Items – It’s a great idea to bring items that will remind your dog of home. However, we cannot be responsible for loss or damage to any personal items that you may leave with your dog. Please label all belongings and don’t send items that are valuable.

Photography – You agree to allow us to take pictures/video of your dog(s) and use the images in print form or otherwise for publications or promotions.

Risks – As we make every effort to ensure the safety of each dog by enforcing strict restrictions there are risks involved with group socialization. Although the dogs are monitored during their visit you understand that your dog(s) may eat/swallow foreign items or receive injuries from playing such as, but not limited to broken nails, scratches, abrasions, cuts, punctures, torn ligaments, etc.. You agree that in the event your dog(s) becomes injured or injures another (dog or otherwise); you release Dog Days Pet Service LLC. of all liabilities occurring and assume full liability for all damages and injuries resulting from your dog’s actions. You understand that your dog(s) will have access to outdoor fenced areas, you agree to assume full liability if your dog(s) escape. All dogs are required to be vaccinated upon entering our facility. However, it is still possible for a dog to become ill, even if vaccinated. You understand there are no guarantees against the spread of communicable diseases. You agree to release Dog Days Pet Service LLC., Agents, staff, owners or lesser of, of all liabilities for all illness, injury, escape and/or death your dog suffers during or after its stay at our facility.

Behavior - As the dog(s) owner you represent that your dog(s) has not bitten or shown aggressive behavior toward a human or animal, dog or otherwise. If at anytime during your dog(s) stay your dogs behavior becomes a problem that may endanger itself, the other dogs or the staff you agree that is at the sole discretion of Dog Days staff to take action as they deem is in the best interest of the dog. If your dog(s) attacks another animal or human while in our care you will be required to assume all financial responsibility and liabilities regarding your dog’s behavior.

Health – A copy of your dog’s **current Rabies, Parvo/Distemper, and Bordetella** vaccinations from a licensed veterinarian must be kept in our files. Your dog(s) will be treated if found with fleas or ticks at your expense. If your dog has been treated for a contagious illness, we cannot allow the dog stay without a signed release from a licensed veterinarian. As the dog(s) owner you represent to the best of your knowledge that your dog(s) is in good health and has not been exposed to rabies, parvovirus or distemper within in 30 days prior to staying at our facility. We reserve the right to refuse any dog for any reason. You understand and agree that if your dog(s) becomes ill or injured while in our care, as we will attempt to contact you immediately, your dogs health is our first priority and it is at our sole discretion to secure medical treatment immediately as we deem necessary. You acknowledge that you are solely responsible for any and all liabilities and expenses, including attorney fees, incurred by all parties involved. You agree to release Dog Days Pet Service LLC., owners, staff, volunteers or partners of any liability financially or otherwise of any kind.

Payment –You agree to pay us for the services provided at the rates set forth. Prices are subject to change and seasonal rates may apply.

Abandonment Procedures – Pursuant to Florida law, you have ten days from the agreed departure date to claim your dog(s) and pay for the charges. If you fail to do so, your dog(s) will be deemed abandoned. After making every effort to contact you or your Agent using the phone numbers that you have provided your dog(s) will be turned over to a third party adoption partner, animal control or humane society. You understand that you will lose ownership of your dog(s) under these circumstances and release Dog Days Pet Service LLC. of further liability or responsibility for your dog(s). You will remain liable for all unpaid charges, including but not limited to collection agency fees, court costs and attorney’s fee incurred in the collections of the charges.

(Terms used throughout this Agreement, whether capitalized or not, and either singular or plural form shall mean as follows: “Us” and “we” means Dog Days Pet Service LLC and its subsidiaries. “You” and “your” means the dog(s) owner signing this agreement.)

This is a binding contract that constitutes the only agreement between Dog Days Pet Service LLC. and the dog(s) owner whose signature appears below. You represent that you are the owner of the dog(s) and that you are fully authorized to enter into this agreement. All of the information in this agreement about you and you dog(s) is accurate and true. To the best of your knowledge your dog(s) do not have health or behavior issues that you have not disclosed to us. All Supplements referred to apply to all visits by your dog(s). The terms of this Agreement cover Dog Days Pet Service LLC.

You certify that you have read this entire agreement and you agree to the term stated.

Dog owners name printed Dog owner’s signature Date

Owner(s)

(1)Name _____ (2) _____

Phone _____ Phone _____

Home Address _____ City _____ State _____ Zip _____

Email _____ Driver License # _____
(check & credit card transactions)

Agent(s)

Agent must be an adult over the age of 18 authorized by you to **act in your behalf** as the primary dog owner should we be unable to reach you. Your Agent has complete authority by you (the dog's owner) to make all decisions related to the health of your dog and expenditure of funds.

(1)Name _____ Relationship _____

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

(2)Name _____ Relationship _____

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____