**Dog Daycare Agreement**

**Date:**

**Personal Information**

Owner’s Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City / State / Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone #1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone #2:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contacts must be over the age of 18, within the continental United States, reachable by telephone, and authorized to make decisions for your pet during its stay. Please advise your emergency contact person that you are leaving their contact information regarding decisions for your pet.

Emergency Contact Name: Phone #

Alternate Emergency Contact: Phone #

**PET #1**Pet Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ] Spayed/Neutered Pet’s Name:

Breed (or best guess): Sex: Weight:

Color(s) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate/Age or best guess: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PET #2**

Pet Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ] Spayed/Neutered Pet’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Breed (or best guess): Sex: Weight:

Color(s) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate/Age or best guess: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Your Veterinarian**: Phone:

Clinic Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City / State / Zip : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pet Pickup – Melissa’s has your permission to release your pet to the following person(s). ***THIS PERSON MUST BE OVER THE AGE OF 18.*** Please include contact information:

Name: Phone:

**Vaccinations - No Shots, No Docs, No Service!** Melissa’s is prohibited by law from having your pet on the premises for any reason without updated vaccination documentation. In order to participate in daycare, your dog must have had ***THREE DISTEMPER/PARVOVIRUS VACCINATIONS*** plus Bordetella and Rabies vaccinations. Vaccination documentation and medical records are required. In addition, please list the current expiration dates for the following vaccinations:
**Dogs**Rabies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DHLPP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bordetella \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Cats**Rabies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FVRCP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FeLV \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Baths.** Dogs may get dirty. If you would like your dog bathed before pick-up, please let us know what time you will be picking up and that you would like your dog to be bathed prior to pick-up. Charge is 15.00. **PLEASE NOTE:** This is not a grooming appointment, just a bath and towel dry. For grooming please email grooming@melsmenagerie.com

**Medical Conditions/Allergies**

Does your pet have any food allergies? What kind of symptoms does he exhibit?

Describe any physical limitations or medical problems your pet has:

Is your pet on any medications? If so, please list:

Has your pet been seen by a veterinarian for an emergency or anything out of the ordinary within the last six months? If yes, please describe:

Does your pet have any current injuries, incisions/sutures/staples? If so, please describe date, location, and reason:

Does your pet have any lumps, warts, skin tags or growths of which we should be aware? If yes, please describe and indicate location:

Has your pet coughed, sneezed, wheezed, or exhibited any similar symptoms within the last week? If so, describe:

What heartworm preventative is your pet on? Date last given:

What flea preventative is your pet on? Date last given:

**Other Information**

If your answers to any of the below questions is yes, please describe in the space provided.

1. Is your pet frightened of any certain type of noise or action?
2. Does your pet dislike any specific types of dogs/cats/other animals or people?
3. Is your pet a jumper, climber, or escape artist?
4. Is your pet TOY aggressive toward humans or other dogs?
5. Is your pet FOOD aggressive toward humans or other dogs?
6. Has your pet ever bitten another dog or person?
7. Has your pet ever BEEN BITTEN OR ATTACKED by another dog?
8. What commands does your pet respond to? (ie, sit, stay, off)
9. Is there anything else you would like us to know about your pet? Please include your pet’s daily routine and schedule:

**\*MELISSA’S RESERVES THE RIGHT TO NOT ACCEPT ANY PET INTO THE DAYCARE PROGRAM**

**FOR ANY REASON. ALL RULES OF THE FACILITY ARE SUBJECT TO CHANGE AT THE SOLE DISCRETION OF MELISSA’S MENAGERIE, LLC\***

**OWNER AGREEMENTS**

**TEMPORARY CUSTODY**: By signing this Agreement, Owner certifies that he/she is the actual owner of the pet(s) OR is the duly authorized agent of the Owner whose name is entered above. Owner agrees to relinquish temporary custody of the above pet(s) to Melissa’s Menagerie, LLC (“Melissa’s”).

**ABANDONMENT**. Owner agrees that on the end date specified when the reservation is made, the Pet(s) must be picked up unless the Owner requests and Melissa’s agrees to extend this Agreement. If the pet(s) are in the facility longer than originally anticipated, Owner understands that additional fees and costs may apply. Owner understands that if for any reason the pet(s) have not been picked up by closing time on the end of the reservation and Melissa’s has not received communication from the Owner about extending the pets’ stay, Melissa’s may contact the emergency contact(s) or authorized person(s) listed above. Owner understands that if for any reason Owner or Owner’s representative has not contacted Melissa’s and the pet(s) has/have not been picked up within ten (10) days of the end of the reservation date, the Pet may be deemed abandoned according to state law and may be relinquished to Animal Control or released for adoption.

**SPAY/NEUTER POLICY**: Melissa’s requires that all pets over the age of six months be spayed or neutered if they are to attend daycare, unless accompanied by a veterinarian’s note that states that the pet has an illness or injury that makes it medically inadvisable for the pet to undergo spay/neuter surgery. Pets in an active heat cycle are not allowed in daycare.

**FEES AND TERMS OF PAYMENT**: Prices for Services are detailed in our Services & Pricing Guide. Prices are subject to change. Payment in full for all services is required at the time that the pet(s) is/are picked up. A deposit may be required at the time of drop-off and/or when the reservation is scheduled. Any balance due that is not paid within forty-eight (48) hours of rendering of service is subject to a ten percent (10%) late fee. By providing a credit or debit card number, Owner authorizes Melissa’s to charge the card for all services received and agree to pay all charges in accordance with the issuing bank cardholder agreement. Owner understands that credit card information will be saved to file for future transactions on their account.

**PERSONAL BELONGINGS**: Melissa’s DOES NOT recommend that Owner bring any personal belongings (bedding, kennels, toys) besides with their pet. For your pet’s safety, any item intended to be consumed (i.e., rawhide, animal hooves, pig ears, greenies, etc.) are not permitted, only treats that are breakable by hand are allowed. MELISSA’S WILL NOT BE LIABLE FOR ANY LOST, STOLEN OR DAMAGED PERSONAL PROPERTY THAT YOU BRING WITH YOUR PETS, INCLUDING BUT NOT LIMITED TO BEDDING, TOYS AND KENNELS. If you leave behind any personal property after picking up your pet, those items will be held by Melissa’s for seven (7) days, and afterwards become the property of Melissa’s and may be disposed of or donated to a local animal shelter.

**VETERINARY TREATMENT RELEASE**: If a pet becomes ill or injured and is in need of immediate care, Melissa’s Menagerie will transport the pet to **FAMILY PET HOSPITAL, 12301 Johnson Drive, SHAWNEE, KANSAS 66216** during regular business hours, or, after regular business hours, to **BLUE PEARL VETERINARY PARTNERS, 11950 W 110th St, Overland Park, KS 66210** or another emergency veterinary hospital and attempt to reach the Owner while the pet is in transit. If the owner is unreachable, Melissa’s has Owner’s permission according to this Agreement to authorize any treatment deemed necessary by the veterinarian. Owner assumes all financial responsibility for veterinary treatment.

**COMMUNICABLE DISEASES AND KENNEL COUGH**: Owner represents that the pet is free of any infectious disease and has been vaccinated with all of the required vaccinations. Owner represents that the pet is also free of any contagious parasitic problems, whether internal or external (including fleas), and is free from any contagious skin disorder. Owner understands that pet may be treated for fleas and that he/she is responsible for the charges of the treatment.

Melissa’s meets or exceeds cleanliness standards required by the Kansas Department of Agriculture for boarding facilities. Melissa’s recommends that all Clients have their dogs vaccinated for Bordetella, also known as kennel cough. However, like the human flu vaccine, the kennel cough vaccine is not effective against all strains. Even a vaccinated dog is at risk for contracting kennel cough when coming into contact with other dogs, whether visiting friends’ or relatives’ dogs, at the vet’s office, a dog park, a pet store, a boarding facility, or daycare. Melissa’s does not accept pets for boarding or daycare if the pet is showing any signs of illness. However, sometimes symptoms of kennel cough can come on suddenly. Owner assumes all the risks and accepts the responsibility for the cost of any necessary treatment. Owner further agrees to hold the owners and staff of Melissa’s harmless for expenses incurred for such treatment.

**RELEASE OF LIABILITY**: Melissa’s will exercise due diligence and reasonable care while pet(s) is/are in daycare. Minor injuries such as cuts or scratches are not uncommon in daycare and when groups of dogs play together. Owner agrees to release, indemnify, and hold harmless Melissa’s Menagerie, LLC, its members, owners, directors, officers, agents, employees, and lessors of the premises, harmless from any and all manner of damages, claims, loss, liabilities, costs or expenses, including reasonable attorney’s fees and related costs, arising out of or related to Melissa’s services, except which may arise from the gross negligence or intentional and willful misconduct of Melissa’s.

**OWNER REPRESENTS THAT THE INFORMATION PROVIDED ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF HIS/HER KNOWLEDGE AND UNDERSTANDS THAT MELISSA’S WILL RELY ON THAT INFORMATION.**

**OWNER(S) ACKNOWLEGES AND AGREES TO THE ABOVE:**

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

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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