

2011 Daycare Emergency Care Permission Form & Client Agreement

Sauk Prairie Small Animal Hospital &

Shamrock Pet Resort

E11340 Hwy PF

Prairie du Sac, WI 53578

- _____ I/we understand and acknowledge that every dog reacts differently and can be unpredictable.
- _____ I/we undersigned, give *Shamrock Pet Resort* permission to seek veterinary care/treatment at the Sauk Prairie Small Animal Hospital (SPSAH) in the event of an emergency.
- _____ I/we understand that separate anxiety may be experienced by some dogs that are not familiar with the Facility or its staff members.
- _____ I/we understand that dogs that are not regularly socialized are held at a higher risk of incidents. Incidents can include any of the following, but not limited to, fights, bites, behavior problems, acting out, scratches, or object aggression.
- _____ I/we understand that all dogs participating in daycare can get dirty. Dog grooming, baths, nail trims, and brush outs can be requested and scheduled. Pricing varies by size and breed so please request an estimate.
- _____ I/we understand that all dogs accepted into daycare are screened and watched for aggression, and dogs are supervised at all times, but altercations can still occur.
- _____ I/we understand that *Shamrock Pet Resort* and its staff reserve the right to dismiss any dog because of its inappropriate or dangerous behavior(s).
- _____ I/we will pay for all services at the time they are rendered including medically necessary emergency veterinary services.
- _____ I/we have read and understand the *Sauk Prairie Small Animal Hospital & Shamrock Pet Resort's* "Rules and Regulations."
- _____ I/we understand that if we are not able to pick up our pet from daycare by 6:00 p.m. our dog will be boarded at the Shamrock Pet Resort and we will incur a charge of \$19.00 per night in addition to the daycare charges for that day.
- _____ I/we understand and acknowledge that photographs, videotapes, or digital recordings are taken of the facility, dogs, customers, and staff on a regular basis. I give *Sauk Prairie Small Animal Hospital & Shamrock Pet Resort* and persons authorized by *Sauk Prairie Small Animal Hospital & Shamrock Pet Resort* my consent, permission, and authorization, without compensation to me, to use, reproduce, and alter any of the images, in print or electronic format (including the internet), either alone or in combination with other images, text, and graphics. By signing this agreement I/we waive our right to approve the finished photographs, videotapes, or digital recordings that may be used. I/we represent that I/we are at least 18 years of age and understand the rights granted in this paragraph are irrevocable, worldwide and perpetual, and are binding on my heirs, successors, and assigns.
- _____ I/we understand that *Sauk Prairie Small Animal Hospital & Shamrock Pet Resort* will always attempt to contact the owners or emergency persons before providing any medical attention or treatment but will provide emergency service as necessary if we are unable to be contacted. I/we have a **current** emergency number on file.
- _____ I/we understand that I/we will be solely responsible for all charges for my own dog whether he/she initiates or is the victim in any altercation while in daycare, incurred at this facility, in full.

I, _____, have read and initialed all of the rules and regulations above and understand the inherent risks of participating in daycare and understand and agree to the above responsibilities. I give *Shamrock Pet Resort* permission to seek veterinary care/treatment at the Sauk Prairie Small Animal Hospital (SPSAH) in the event of an emergency. This facility has my/our permission to administer any care/treatment deemed necessary. I/we will be solely responsible for all payments, in full, incurred at this facility. I/we also understand and agree that certain emergencies may require treatment before we are contacted. I hereby release, discharge, and agree not to sue *Sauk Prairie Small Animal Hospital & Shamrock Pet Resort*, its respective administrators, agents, volunteers, employees, other participants, and if applicable its owners from any liability for injury to myself, my dog, or any animal or person with which my dog may come in contact while at the *Sauk Prairie Small Animal Hospital & Shamrock Pet Resort* daycare or boarding facilities.

Dog(s) Name: _____

Client Name: _____

Address: _____ Phone: _____

Current Veterinarian: _____

Emergency Contact:
Name: _____

Home Phone: _____ Cell Phone: _____ Day Phone: _____

Alternate Emergency Contact:
Name: _____

Home Phone: _____ Cell Phone: _____ Day Phone: _____

Client's Signature: _____ Print Name: _____ Date: _____

Client's Signature: _____ Print Name: _____ Date: _____

SPSAH & Shamrock Pet Resort Witness Signature: _____