



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 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. This facility has my/our permission to administer any care/treatment deemed necessary to ensure the well-being of my pet. I/We also understand and agree that certain emergencies may require treatment before I/we are contacted.

I/We understand that all dogs are screened and watched for aggression, and that the dogs are supervised at all times but altercations still occur. I/We acknowledge that every dog reacts differently and can be unpredictable. There is inherent rough-housing in play and that it is always possible a puncture or other wound may happen during play sessions. In the event of a fight or injury, if needed, we will attempt to contact you and we will provide treatment at the *SPSAH* and you will be responsible for the fees. I/We acknowledge that the *Shamrock pet Resort* and its staff reserve the right to dismiss any dog because of its inappropriate or dangerous behavior(s). Initial: _____

We always attempt to contact the owners or emergency person before providing any attention but will provide emergency services if necessary if we are unable to contact you. Please be sure we have a current emergency number on file.

I/We understand that all dogs participating in daycare can get dirty. The dogs will be outside unless it is actively raining or extremely cold/hot. 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 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 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 if we are not able to pick up our pet from daycare by 6:00 p.m. I/we will be charged a \$5.00 late fee for every 5 minutes. If you have not picked your pet up by the time we leave for the evening, without prior notice and authorization by us, your animal will be boarded at the *Shamrock Pet Resort* and we will incur a charge of \$19.00 per night in addition to the regular daycare charges owed.

I/We will pay for all services at the time they are rendered including medically necessary emergency veterinary services.

I, _____, understand the inherent risks of participating in daycare and understand and agree to the above responsibilities. I hereby release *Sauk Prairie Small Animal Hospital & Shamrock Pet Resort and its staff* from liability regarding any injury to my dog or any animal or person with which my dog may come in contact while participating in daycare.

Dogs Name: _____

Please Contact: _____ **in the event of an emergency at:**

Home Phone: _____ Day Phone: _____ Cell: _____

Alternate Emergency Contact: _____

Phone: _____ Cell/Other: _____

Current Veterinarian: _____ **Phone:** _____

Owner's Signature

Date

Sauk Prairie Small Animal Hospital & Shamrock Pet Resort Signature

Date