Boarding & Daycare Agreement

Please print clearly in ink. Items marked * are required. Check one box for each statement. Additional pets go on the Additional Pet Addendum (last pages).

This agreement shall apply to all boarding or daycare visits by your pet(s) to Waunakee Veterinary Clinic ("the facility").

Start Date (MM/DD/YYYY) _____ End Date (MM/DD/YYYY) _____

OWNERSHIP

I represent that I am the legal owner or authorized representative of the owner for the pet(s) described on this document. * ☐ Yes ☐ No

VACCINES/MEDICAL HISTORY

I represent that my pet(s) is/are in good health, is/are current on all required vaccinations (Dogs - DHPP, Leptospirosis, Rabies, Bordetella, and have had a negative fecal test within the past 6 months; Cats - FVRCP and Rabies, and had had a negative fecal test within the past 12 months). * ☐ Yes ☐ No

I understand that while my pet(s) is/are fully vaccinated, vaccines are not guaranteed and there is a small risk that my pet(s) may contract a contagious disease or illness (such as Canine Influenza or Bordetella/Kennel Cough in dogs, upper respiratory infections in cats). I agree that should this occur, I am responsible for my own pet's care, medical attention, and the associated costs. * ☐ Yes ☐ No

I represent that my pet(s) is/are free of fleas, ticks, and lice and has/have not been ill within the past 30 days. If unable to provide product name and when product was given/applied, the facility will automatically apply Frontline Plus. I agree that should this occur, I am responsible for any associated costs of the Frontline Plus. * ☐ Yes ☐ No

I understand that should fleas, ticks or lice be observed on my pet(s) a flea/tick/lice treatment will be applied to my pet(s) and I will be responsible for any associated charges (cost is dependent on size of pet, species, and severity of infestation). * ☐ Yes ☐ No

I agree to disclose any previous or current medical issues/concerns for my pet(s) so that the facility's staff can decide on suitability for daycare/boarding. * ☐ Yes ☐ No

MEDICATIONS

I understand that the facility's staff are not veterinarians and must follow strict guidelines when administering medication to my pet(s). Medication will be administered according to the dosage prescribed on the medication bottle and the facility will not deviate from the prescription. All prescriptions must be presented in the original pharmacy container and have a label that includes:

Please fill out all medication information including name of medication, dosage, how often medication is administered, and how medication is given.

Pet Name	Medication Name	Strength	Dosage	Frequency	How is medication given?

RISKS

Dogs - I represent that my dog(s) is/are social and has/have not harmed or shown threatening behaviors towards any person or other dogs. I understand that the facility reserves the right to remove my dog(s) from the play area and place my dog(s) in a separate holding area should my dog(s) display any unwanted behaviors. * ☐ Yes ☐ No

Dogs and Cats - I understand that if my pet(s) act aggressively toward another pet or the facility staff resulting in injury to the pet or staff, that I will accept responsibility for any veterinary care needed on behalf of the injured pet or any medical care needed on behalf of the staff member as a direct result of my pet(s) actions. * ☐ Yes ☐ No

I understand that special-needs pets, young pets, and senior pets naturally have a higher risk of injury, stress-related illnesses, weakened immune systems, or exacerbation of any pre-existing condition and am waiving any claim for injury or illness experiences by my pet while in the care of the facility. * ☐ Yes ☐ No

I understand that if my pet is elderly (approaching end of life) and unexpectedly passes while in the care of the facility that my pet will be held at the facility until I can be reached for further instructions. * ☐ Yes ☐ No

I understand that if my pet(s) nails are too long and causing deep scratches or breaking skin of staff or other pets, a nail trim may be required by the facility at an additional cost ($35.34). * ☐ Yes ☐ No

I give permission for the facility to bathe my pet if he/she soils his/her fur (feces or urine) while in the care of the facility and understand that additional costs will be incurred (up to $100 depending on size and disposition of pet). * ☐ Yes ☐ I wish to decline this service.

Do Not Resuscitate (DNR) Authorization

I understand that during my pet's boarding stay at Waunakee Veterinary Clinic, an unexpected medical emergency may occur.

By signing this form, I authorize the veterinary team to withhold cardiopulmonary resuscitation (CPR) efforts in the event that my pet experiences cardiac arrest and/or respiratory arrest while boarding.

This includes, but is not limited to:

- Chest compressions
- Intubation and assisted ventilation
- Emergency medications
- Advanced life-saving measures

I understand that if my pet experiences cardiac or respiratory arrest and a DNR order is in place, comfort-focused care may still be provided at the discretion of the veterinary team.

I acknowledge and understand the following:

- CPR in veterinary patients is often unsuccessful, especially in critically ill or senior pets.
- Even if CPR is successful, complications including brain damage, pain, trauma, prolonged hospitalization, or poor quality of life may occur.
- Choosing a DNR status means that natural death will be allowed to occur without resuscitation attempts.

Please initial ONE option below: *

☐ **ATTEMPT CPR** I authorize the veterinary team to attempt reasonable life-saving measures and CPR in the event of cardiac and/or respiratory arrest during boarding. I understand additional emergency and hospitalization fees may apply.

☐ **DO NOT RESUSCITATE** I authorize the veterinary team to withhold CPR and life-saving resuscitation efforts if my pet experiences cardiac and/or respiratory arrest during boarding.

Write your initials in the box beside the ONE option you choose.

INTACT PETS

Daycare - I understand that if my pet(s) is/are over the age of 7 months, is/are not spayed or neutered, and is/are exhibiting "intact" behaviors or signs of a heat cycle, that I will be immediately contacted by the facility for pick-up. * ☐ Yes ☐ No

Boarding - I understand that if my dog(s) is/are over the age of 7 months, is/are not spayed or neutered and is/are exhibiting "intact" behaviors or signs of a heat cycle, that my pet(s) will be placed in boarding for individual care, away from other pets and I will be responsible for any additional charges. * ☐ Yes ☐ No

I give permission for the facility's staff to contact my veterinarian should any injuries or illnesses occur that require medical attention and I agree that I am solely responsible for any medical expenses incurred on behalf of my pet(s). * ☐ Yes ☐ No

ADDITIONAL FACILITY POLICIES:

I understand that cancellations must be done 48-hours prior to the reservation date, or I may be charged a fee for failure to cancel timely. * ☐ Yes ☐ No

I understand that the facility reserves the right to refuse admittance to any pet(s) that does not meet or maintain the health, temperament or other daycare/boarding standards. The determination shall be made at the sole discretion of the facility. * ☐ Yes ☐ No

In the event that myself or my authorized representative cannot pick up my dog(s) at the agreed pick-up time, I authorize the facility to provide additional overnight and daycare services at my own expense. * ☐ Yes ☐ No

MEDIA RELEASE

I understand that the facility may from time-to-time post photos or videos of pets on Facebook, our website, and/or other marketing materials. I agree to allow the facility to use my dog's name(s) and any images or likeness of my dog(s) taken while he/she is at the facility, in any form, for any use at any time, in any media, marketing, advertising, illustration, trade, or promotional materials without compensation, and I release to the facility all rights that I may possess or claim to such image, likeness, recording, etc. *

☐ Yes ☐ No

LIABILITY RELEASE

I understand and agree that during normal play, my pet(s) may sustain injuries. While social/group play (dogs) is monitored by the facility staff in an effort to avoid injury, scratches, punctures, torn ligaments, and other injuries may occur despite the best supervision. I understand and agree that neither the facility nor any of the employees/staff will be liable for any illness, injury, death, and/or escape of my pet(s), provided that reasonable care and precautions are followed and hereby release the facility and employees/staff of any liability whatsoever arising from or as a result of my pet(s) receiving services from the facility. *

☐ Yes ☐ No

I fully understand and agree to the terms of this Agreement as of the following date and that such terms will become effective on the first date of service and will continue for an unspecified period of time applicable each and every time I bring my pet(s) in for services at the facility.

Signature of Owner *

Date (MM/DD/YYYY) *

Printed Name of Owner *

Contact Phone Numbers *

MEDICAL RELEASE FORM

This is a required form for all Waunakee Veterinary Clinic participants receiving services.

First and foremost, the safety and well-being of your pet(s) is of the highest importance to us. Ensuring that your pet remains safe and well cared for is our first responsibility and as such we take it very seriously. We do our best to have our pet parents screen for pre-existing health conditions but some factors may be beyond our control. In the event that a pet appears ill, injured, or exhibits any other behavior that would reasonably suggest that the pet needs medical treatment (including anesthesia) while at our facility or participating in a service that we provide, it is imperative that we are immediately able to get them medical treatment. The Veterinarians at the Waunakee Veterinary clinic will be contacted first. In the case this cannot occur, we will call ahead to the veterinary offices in closest proximity geographically to our facility to ensure that they can handle the emergency. Your pet will be rushed to the closest facility available for treatment and you will be notified. We notify the owner after we have secured a medical treatment center for the pet to avoid unnecessary delays in your pet receiving emergency medical care. Our goal is to get your pet medical attention as quickly as possible and for that reason, it is a requirement that our pet parents sign this medical release form.

I understand that in the event of a medical emergency, Waunakee Veterinary Clinic has sole discretion to seek the immediate attention of a licensed veterinarian if deemed necessary for the welfare of my pet(s). I hereby authorize Waunakee Veterinary Clinic to seek medical attention at the closest available veterinary facility. I further acknowledge that I will be financially responsible for any medical treatment(s) required by my pet(s) as a result of the medical emergency while my pet(s) is/are receiving services provided by VCA Middleton, Madison Veterinary Services, or UW Veterinary School. If Waunakee Veterinary Clinic is unable to reach me or one of my authorized representatives, I approve veterinary care costs for my pet(s) up to the following amount and understand that if the necessary veterinary care exceeds this amount, additional recommended services may be postponed until contact has been established.

Veterinary care costs: maximum amount you approve ($) *

Signature of Owner *

Date (MM/DD/YYYY) *

Printed Name of Owner *

Contact Phone Numbers *

Additional Emergency Contacts (Authorized Representatives for Owner):

Name _____ Phone _____

Name _____ Phone _____

PET AND VETERINARY INFORMATION

Pet(s) Name's and Description – list your first pet here; use the Additional Pet Addendum for any others (up to 4 pets).

Name *	Age *	Breed *	Veterinarian *	Known Health Conditions

Pet Veterinarian Information:

I give full authority to the facility and the facility staff to request and retrieve veterinary medical records for my pet(s), as listed herein, and release Veterinarian from any liability for the release thereof.

Signature * _____ Date (MM/DD/YYYY) * _____

Printed Name of Owner * _____

Name of Veterinarian _____ Phone Number of Veterinary Office _____

Address of Veterinary Office _____

BOARDING EXTRAS

Check the box(es) for how often each service is wanted. Use Dates / Notes for specific dates or nights. Prices as listed on the online form.

Pet Name (for Boarding Extras)

Service	Daily	Every other day	Once during stay	Twice during stay	Specific dates	Dates / Notes
Doggy Daycare – $30.50/day (weekdays only)	☐	☐	☐	☐	☐	
Private Play, 10 min – $18.50	☐	☐	☐	☐	☐	
Private Cuddles, 10 min – $18.50	☐	☐	☐	☐	☐	
Private Play, 20 min – $30.25	☐	☐	☐	☐	☐	
Private Cuddles, 20 min – $30.25	☐	☐	☐	☐	☐	
Frozen Kong: Kong of the Quarter – $8/night	☐	☐	☐	☐	☐	
Frozen Kong: Peanut Butter – $8/night	☐	☐	☐	☐	☐	
Frosty Paws: Peanut Butter – $5.75/night	☐	☐	☐	☐	☐	
Frosty Paws: Original Vanilla – $5.75/night	☐	☐	☐	☐	☐	
Cookie: Peanut Butter Banana – $5.75/night	☐	☐	☐	☐	☐	
Cookie: Chicken & Cheese – $5.75/night	☐	☐	☐	☐	☐	
Cookie: Pumpkin – $5.75/night	☐	☐	☐	☐	☐	

Add-on Services ☐ Nail Trim – $35.95 + tax (not available on weekends or holidays)

Boarding extras for more than one pet: use one Addendum page per additional pet.

Additional Pet Addendum

Attach to the Boarding & Daycare Agreement. Print one page for each additional pet (pets 2, 3, 4). Items marked * are required.

Printed Name of Owner *

Contact Phone *

Pet # (2, 3 or 4)

Start Date (MM/DD/YYYY)

End Date (MM/DD/YYYY)

PET AND VETERINARY INFORMATION

Name *	Age *	Breed *	Veterinarian *	Known Health Conditions

MEDICATIONS FOR THIS PET

Pet Name	Medication Name	Strength	Dosage	Frequency	How is medication given?

BOARDING EXTRAS FOR THIS PET

Check the box(es) for how often each service is wanted. Use Dates / Notes for specific dates or nights.

Pet Name (for Boarding Extras)

Service	Daily	Every other day	Once during stay	Twice during stay	Specific dates	Dates / Notes
Doggy Daycare – $30.50/day (weekdays only)	☐	☐	☐	☐	☐	
Private Play, 10 min – $18.50	☐	☐	☐	☐	☐	
Private Cuddles, 10 min – $18.50	☐	☐	☐	☐	☐	
Private Play, 20 min – $30.25	☐	☐	☐	☐	☐	
Private Cuddles, 20 min – $30.25	☐	☐	☐	☐	☐	
Frozen Kong: Kong of the Quarter – $8/night	☐	☐	☐	☐	☐	
Frozen Kong: Peanut Butter – $8/night	☐	☐	☐	☐	☐	
Frosty Paws: Peanut Butter – $5.75/night	☐	☐	☐	☐	☐	
Frosty Paws: Original Vanilla – $5.75/night	☐	☐	☐	☐	☐	
Cookie: Peanut Butter Banana – $5.75/night	☐	☐	☐	☐	☐	
Cookie: Chicken & Cheese – $5.75/night	☐	☐	☐	☐	☐	
Cookie: Pumpkin – $5.75/night	☐	☐	☐	☐	☐	

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