



Dreadlocks for Dingoes



Your Local Lov'n Pet Place

212 East 7th Street, Saint Paul, MN 55101

:

651-440-9813 or 651-440-9819

Daycare Release Form Packet

This agreement is a valid, legally binding contract between Dreadlocks for Dingoes LLC (also referred to as DfD) and the dog owner (or custodian, collectively the "Owner") desiring care for the dog. Please read the entire "Agreement" carefully; your agreement to these terms and conditions is required in order to attend.

Please fill out **one form for each dog** so we may provide the best care possible. In case of any emergency, a signed Veterinarian Release Form and Permission to Administer Medicine Form (if applicable) is also necessary for our files. These forms are included in this packet. Thank you.

Client Name: Last _____ First _____

Address: _____ City: _____ Zip: _____

Phone (H) _____ (C) _____ (W) _____

Email: _____

Pet Description: Pet Name _____ Breed _____ Color _____

Age: _____ Sex: M F Spayed/Neutered: Y N

Approximate Weight: _____ lbs. Vaccinations up to date: Y N

Has your dog ever been aggressive? Y N

Pet has had no physical ailment or recent injury, **initial** _____

Please inform us of any past injuries so we can best care for your pet: _____

Well Pet Requirements: All vaccines that control communicable diseases (Distemper/Parvo, Bordetella) must have been administered within a 7 year period. Rabies must be current in accordance with state law. Proof of must be presented prior to attending daycare. If parasites are found during services pets will be isolated and treated at the cost of the client.

Please inform us if your pet has ever experienced a reaction to specific flea and tick meds. Dogs must not have any conditions that can be aggravated by active play or have any potentially contagious disease symptoms such as cough, cold, nasal discharge, etc. Although sick or unvaccinated pets are not allowed to attend daycare, the client acknowledges that they are placing their pet in an area in which communicable diseases may pass between seemingly healthy pets. If following a provided service date the pet shows signs of illness, the client may not hold DfD liable for any inadvertent exposure the pet may have contracted.

Doggie Daycare Safety Policy: While all dogs must pass a preliminary temperament test to be eligible for our daycare program, some behaviors may not reveal themselves until later. If conduct deemed unacceptable or dangerous occurs, and after our staff has taken measures to correct and re-teach the behaviors in question, DfD reserves the right to deny dogs eligibility at any time in the event that a dog shows the potential to cause injury or be unwilling to adjust to our program. The client agrees to the terms of daycare and releases DfD and its staff as well as the owners of other dogs attending DfD daycare of all liability. While in daycare, dogs are not permitted to wear pronged collars in which other dog's teeth may get caught, flat or rolled collars are best. For the safety of your pet and others, if your dogs' nails are deemed too long, DfD staff will trim them prior to introduction to daycare group, the cost will be added to your days bills. Although the daycare environment is a safe and continuously well supervised area, the client acknowledges that rough play can be
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an inherent part of dog behavior. Despite our well trained staff, play may become too rough and an injury to pets may result. Should an injury occur and immediate treatment is deemed necessary, the client authorizes DfD to provide services by a veterinarian prior to contacting the client, DfD will attempt to contact the client as soon as possible and the client assumes all financial responsibility for treatment.

Daycare Packages Policy: Daycare packages may be used for full or half days only. Packages expire after one year from date of purchase. No refunds on unused portion of packages.

Daycare Socialization Process: Our daycare provider is an established trainer and is well versed in canine behavior and socialization techniques. Your pet will be assessed and placed together with other dogs that have similar behavioral traits. This may take some time to establish but we are constantly observing, training, supervising, and replacing in an effort to get the best play group for your pet. We require a half day initial assessment to determine if your pet is suitable for our environment.

Fees and Charges: Owner agrees to pay all fees and surcharges in effect on the date Owner's dog is checked in/out for daycare including regular fees, charges for special services and veterinary costs during your pets time in our care. We do not offer invoicing for payment nor do we extend credit for services rendered.

Credit Card Storage: DfD will store a credit card, secured and encrypted for each registered customer utilizing any services. This credit card may be processed for purchases made on the phone, deposits for reservations or scheduled appointments, paying for services when someone other than the owner retrieves the dog, or any other occasion that might require remote payment including failure to give timely notice of cancellation.

Early/Late Surcharges and Drop-Off/Pick-Up Times: Daycare hours, subject to change, are **Monday-Friday 7 a.m. to 6 p.m. & Saturday and Sunday 9 a.m. to 5 p.m.** Early drop off/late pick up is available for a surcharge and must be prearranged. **Pick-up that is after daycare closing is subject to a surcharge of \$1.00/minute.**

Acknowledged Risk: Owner acknowledges and understands that in a daycare play environment "owners" dog may sustain routine nicks, cuts, scrapes, nips, sore muscles and bruised paws and pads. Owner further acknowledges potential risks involved in participating in daycare including but not limited to dog fights, bites to humans or other dogs, and the transmission of disease.

No Liability for Damages: Dreadlocks for Dingoes will exercise reasonable care for the dog delivered by owner to our facility. Owner acknowledges, however, that Dreadlocks for Dingoes cannot be held responsible or liable for any injury that the Owners dog inflicts on another dog. Owner indemnifies Dreadlocks for Dingoes against any liability, claim, damage or expense on account of any injury or damage the Owners dog inflicts on other dogs, employees or property and expressly releases Dreadlocks for Dingoes from any liability.

Photography and Permission to Release: Owner grants permission to use photo and/or video of Owners dog for promotional purposes in print, media, television, Facebook, or internet advertising.

Right to Refuse Services: Dreadlocks for Dingoes reserves the right to refuse to admit dogs that display aggression or appear to be in poor health.

Amendments: Owner agrees to the terms of Dreadlocks for Dingoes policies as they may be amended from time to time.

Owner (print) _____ **Date** ____/____/____

Signature _____



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DOGGY DAYCARE VACCINATION FORM

This Vaccination Form is required to be completed by you or documentation can be submitted from your veterinarian. Distemper and Parvovirus vaccinations must be continued until the series is complete. If only one Distemper / Parvovirus vaccination has been given, a booster is required within 3-4 weeks. A BORDETELLA booster is required 3 weeks after the first was given if the vaccination was not intranasal or oral. Vaccinations must be given at least 1 WEEK PRIOR to interactions with other pets. If you have any questions regarding any of these requirements, please call Dreadlocks for Dingoes.

Dog's Name _____

Date of Birth ____ / ____ / ____

Signature of Owner _____

Veterinarian: Please write in the dates the vaccinations were given on the line provided and sign below.

RABIES (if at least 6 months old): 1 ____ / ____ / ____ 2 ____ / ____ / ____ 3 ____ / ____ / ____

DHP: 1 ____ / ____ / ____ 2 ____ / ____ / ____ 3 ____ / ____ / ____

PARVO: 1 ____ / ____ / ____ 2 ____ / ____ / ____ 3 ____ / ____ / ____ 4 ____ / ____ / ____

BORDETELLA: 1 ____ / ____ / ____ 2 ____ / ____ / ____

(if 1st vaccine was injected) Check here if: Intranasal or oral

Signature _____ Date Signed ____ / ____ / ____

THIS FORM MUST BE TURNED IN BEFORE YOUR DOG CAN ATTEND DAYCARE!!



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Pet Medication Administration Authorization Form (if applicable)

Please complete this sheet and bring with you or fill out on line to expedite the check-in process when utilizing services at Dreadlocks for Dingoes. Dreadlocks for Dingoes and staff agree to administer medication to your pet per the instructions listed below. Dreadlocks for Dingoes is not responsible for any reaction pet has to the medication. If pet needs emergency vet care, owner agrees to be responsible for all cost incurred including transportation and vet fees. Owner agrees to Dreadlocks for Dingoes harmless of any claims. This agreement will remain valid until a new agreement has been completed and on file.

Medication: Please bring any medicine that your pet takes regularly with your pet's name, current dosage and frequency clearly listed on the container.

Please fill out **one form for each dog** so we may provide the best care possible. In case of any emergency, a signed Veterinarian Release Form and Permission to Administer Medicine Form (if applicable) is also necessary for our files. Thank you.

Client Name: Last _____ First _____

Address: _____ City: _____ Zip: _____

Phone (H) _____ (C) _____ (W) _____

Email: _____

Your Veterinarian Name _____ Vet Phone Number _____

Pet Description: Pet Name _____ Breed _____ Color _____

Age: _____ Sex: M F Spayed/Neutered: Y N

Approximate Weight: _____ lbs. Vaccinations up to date: Y N

Has your dog ever been aggressive? Y N

Pet has had no physical ailment or recent injury, **initial*** _____

Please inform us of any past injuries so we can best care for your pet: _____

Is there a special way that you give your pet medication (i.e. pill pocket, wrapped in wet food etc.) _____

Medication #1:

Medication Name: _____

Dosage instructions: _____

For what condition is the pet receiving this medicine? _____



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Pet Medication Administration Authorization Form (page 2)

Medication #2

Medication Name: _____

Dosage instructions: _____

For what condition is the pet receiving this medicine? _____

Medication #3

Medication Name: _____

Dosage instructions: _____

For what condition is the pet receiving this medicine? _____

** I have read the information above and have entered the above information as truthfully and accurately as possible.*

** This consent to administer medications to your pet has no expiration date unless otherwise discussed.*

Owner (print) _____ **Date** ____/____/____

Your Signature: _____



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Veterinarian Medical Emergency Release Form

This is a required form for all Dreadlocks for Dingoes participants receiving services.

Please fill out **one form for each dog** so we may provide the best care possible. In case of any emergency, a signed Veterinarian Release Form and Permission to Administer Medicine Form (if applicable) is also necessary for our files. Thank you.

Owner Information Section:

Client Name: Last _____ First _____

Address: _____ City: _____ Zip: _____

Phone (H) _____ (C) _____ (W) _____

Email: _____

Spouse's name: _____ Spouse phone: _____

Spouse's email: _____

Emergency Contact & Phone Number: _____

Secondary Emergency Contact and Phone Number: _____

Your Veterinarian Name _____ Vet Phone Number _____

Dog Information Section:

Pet Description: Pet Name _____ Breed _____ Color _____

Age: _____ Sex: M F Spayed/Neutered: Y N Approximate Weight: _____ lbs.

Vaccinations up to date: Y N ; DHLPP (or similar) ; Bordetella (kennel cough) ; Rabies

Micro-chipped? Y N Chip# _____ Registry Company: _____

Is your dog licensed with the city? Y N License# _____

Does your dog need any medications? Y N (If 'yes', a Medication Authorization Form may be required)

What form of flea & tick control do you use? _____ Last date applied ___/___/___

Has your dog ever been aggressive? Y N

Pet has had no physical ailment or recent injury, **please initial** _____ *

Please inform us of any current or past injuries so we can best care for your pet: _____



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First and foremost, the safety and well-being of your pet(s) is of the highest importance. Insuring 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 medical emergency arises while a pet is at our facility or participating in a service that we provide it is imperative that we are immediately able to get them medical treatment at the closest available facility. We may need to notify the owners after we have secured a medical treatment center so as to avoid delays. Our goal is to get your pet medical attention as quickly as possible and avoid any distractions which may interfere with that process.

Therefore: I understand that in the event of a medical emergency, Dreadlocks for Dingoes, at its sole discretion, deems-it necessary to provide the attention of a licensed veterinarian, I authorize Dreadlocks for Dingoes to transport and seek medical attention at the closest available veterinary facility. I further agree that I am financially responsible for any medical treatment my pet(s) receives as a result of a medical emergency while attending services provided by Dreadlocks for Dingoes. I agree that Dreadlocks for Dingoes is released from all liability related to transportation to and from the vet and Dreadlocks for Dingoes is not in any way financially responsible for treatment given to my dog for sickness or emergency. **If the cost of medical expenses are going to exceed \$_____**, *(estimated medical expenses be determined by the attending veterinarian)* I wish to be contacted immediately before further treatment is given. **Initial _____**

Owner (print) _____ **Date** ____/____/____

Owner Signature: _____



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CREDIT CARD SUBMITTAL FORM

Dreadlocks for Dingoes accepts VISA, MasterCard, Discover cards. Please complete the following information and submit this form with your Daycare Form(s). Do not send credit card information by email. You can drop it off at the store, mail, or call us and we can take the information over the phone.

Card Number: _____ Expiration Date: ____ / ____ / ____

(Check one): VISA MasterCard Discover

Name on Card: _____ CVC _____

Billing Address: _____ City _____ State _____ Zip _____

Signature: _____ Date: ____ / ____ / ____