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**South Arundel Daycare Release Form**

**Welcome to Daycare! To help us give your pet the best experience, please fill out each question below. Thank you for entrusting us with your pet.**

Can you be reached while your dog stays with us?

If yes, which is best? (circle one)  Main #   Cell #    Text- Message  Email:                                         Other

In case of an emergency contact name & phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you administer monthly flea and tick preventative? Yes No Monthly heartworm preventative? Yes No

**If we see any fleas on your pet while at daycare, he or she will be treated at your expense.**

Is your dog thunder phobic?                     If yes, describe his/her reaction & how you usually handle it:                         \_\_\_\_\_\_\_\_\_

Does your dog have any allergies that you are aware of? Yes No

 If yes please list \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your dog shred toys, pull out stuffing, or destroy beds? Yes No

Does your dog get along with other dogs? Yes No

Do you authorize group play? Yes No Initials\_\_\_\_\_\_\_\_\_\_\_\_\_

**Any Special Instructions or Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please initial that you have read and agree to the following:**

\_\_\_\_\_\_\_\_\_I understand that my pet must maintain a once yearly exam at VCA South Arundel Animal Hospital. Pet must also have a fecal sample checked for parasites every 6 months, as well as updated vaccines.

\_\_\_\_\_\_\_\_\_Should illness, injury, or circumstances warrant the need for emergency services, I understand that the hospital will try to contact me or the individual indicated as the emergency contact before treatment, but must exercise the option to proceed if no one is available for clearance.  I understand that I will be responsible for all charges incurred for such treatment for my pet.

**Signature                                                                                                 Date**

**CSR Initials\_\_\_\_\_\_\_\_\_\_\_**