

Usual veterinarian _____

Vet's Phone: _____

Date when next worming due? _____ Heartworm? _____

Permissions:

1. I give permission for my pet to have group play with other pets, noting that staff exercise care to ensure that pets are compatible as far as possible.
2. I give permission for veterinary or other professional attention to be sought as needed for the best welfare of my pet; noting that I will be notified at the first reasonable opportunity and that I will bear the cost of that treatment, unless advised in writing otherwise.
3. I give permission for first aid treatment, by staff in an emergency, until veterinary advice is received or the problem is resolved
4. I give permission for my pet to be transported in a vehicle to see veterinary or other professional attention as above or for evacuation in an emergency.
5. I give permission for medication to be given to my pet by staff according to the schedule you provide, or according to veterinary direction.
6. I give permission for staff to treat my pet for fleas, ticks and any other parasites if they are found, as needed, and I accept the charges for this treatment.
7. I understand that the staff will care for my pet to the very best of their abilities and that in animal based systems things occasionally do not "go according to plan", for which I will not hold this business responsible if there has been no negligence.
8. I understand that I must pay the required fee for the care of my pets. I understand that if the fee is NOT paid at the time of collection, the facility may transfer the pet to a suitable alternative facility at my cost and recoup any unpaid fees or costs.
9. I understand that I must collect my pet/s prior to the published closing time and agree that the daycare centre may charge additional fees to cover staff costs for caring for my pet after business hours

Owner Signature: _____

I confirm that I am the owner of the/se pet/s, that I am legally allowed to sign as above and that I my signatures are legal and in good faith:

Owner Signature _____ **Date** _____

Print Name _____

Staff member admitting _____ **(name)** _____ **(sign)**