



**FLANNERY ANIMAL HOSPITAL**  
 CARING FOR OUR COMMUNITY'S PETS



## Puppy Play Care Application

### Owner's Information

<b>Name:</b>
<b>Home Address:</b>
<b>City/State/Zip:</b>
<b>Home Phone#</b>
<b>Cell Phone #</b>
<b>Work Phone #</b>
<b>Email Address:</b>

### Dog Information

<b><u>Dog #1 Name:</u></b>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Breed:	Age:
D.O.B	Color:
Spayed or Neutered ?	Weight:
<b><u>Dog #2 Name:</u></b>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Breed:	Age:
D.O.B:	Color:
Spayed or Neutered?	Weight:

### Pick Up/Emergency Contact

Emergency Contact Name: _____	Phone # _____
Who is authorized to pick up your dog(s)?	
Name: _____	Phone # _____
Name: _____	Phone # _____

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## Client Agreement

I, The Client, acknowledge and understand that every dog reacts differently and that animals by nature can be unpredictable. I understand that I am responsible for any harm caused by my puppy attending Flannery Animal Hospital's Play Care. I shall indemnify Flannery Animal Hospital against any claims made against the practice, losses or damages of any kind suffered by Flannery Animal Hospital as a result of my failure to inform them of any pre-existing condition that my puppy may have (such as illness or aggression problems.) I understand and agree that in enrolling my puppy in Puppy Play Care, they have relied on my representation that my puppy is in good health and has not harmed or shown aggressive or threatening behavior towards any person or any other dog. I understand and agree that Flannery Animal Hospital will not be liable for any damages, or injury caused by my puppy, provided reasonable care and precautions are followed by the Play Care staff.

I understand that the Play Care is a place where animals co-mingle in groups. I understand my puppy may be placed in "time-out" (not exceeding 20 mins) for puppy mischief.

**I fully understand that when dogs are in groups nicks and scratches may occur.**

If the injury is not serious, the puppy will be treated and can stay the full day at Play Care. In that case, I understand I will be informed at pick up. If the injury is serious I will be notified immediately and I give permission for a veterinarian from Flannery Animal Hospital to treat as deemed best by said veterinarian. If I am unable to be reached I give permission to Flannery Animal Hospital to treat in the event of a serious medical problem. If my puppy becomes ill, or injured while in Play Care, or if the state of the my puppy's health otherwise requires immediate professional attention, Flannery Animal Hospital may engage in emergency services to administer medicine or give other requisite attention to the puppy, and expenses shall be paid by me, the client. In consideration of the services being performed by Flannery Animal Hospital I further agree to release Flannery Animal Hospital from liability for such injury, illness or death of said puppy.

I understand and agree that if my puppy is left at the Play Care facility for more the three days without any contact from me, he/she will be considered abandoned and necessary steps will be taken to turn the puppy over to the proper authorities.

I accept and comply with this agreement and all its condition associated with Flannery Animal Hospital's Play Care

Signature \_\_\_\_\_ Date \_\_\_\_\_



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## **Rules and Regulations**

**To ensure the safety and health of all staff we require all clients to comply with the following:**

**Vaccinations and Preventatives:** All puppies must be up to date on vaccinations: Rabies, Bordatella, Canine Influenza vaccine and at least their first two(2) distemper vaccines. All dogs should also be receiving flea and tick prevention and heartworm prevention on a monthly basis. You will receive reminders when vaccinations are due. However, it is your responsibility to provide ongoing verification of current vaccinations and preventions.

**Sex:** All puppies must be spayed or neutered, unless they are under 6 months of age.

**Leashes and Collars:** Quick release collars with name tags are required. All puppies entering the facility must be brought in by a leash and leave with a leash.

**Health:** All Play Care Buddies entering must be in good health and free from any condition that can be transmitted to another puppy. If at any time during our care it becomes evident that your puppy is ill, you will be notified. If it is evident that your puppy is carrying fleas or ticks, treatment will be applied at the owners' expense.

**Behavior:** All puppies must be non-aggressive. Clients will need to vouch that their puppy has not shown any signs of aggression or threatening behavior towards any person or dog. At times, some dogs may become overwhelmed by the Play Care experience and can display some unwanted behaviors. If this should occur, the situation will be evaluated and recommendations given by a professional member of our staff. *Keep in mind, although supervised play, your dog may acquire an occasional scratch or nip from dog play.*

**Please remember that your puppy will be spending time with other puppies and their safety, is our main priority.**

**Age:** All puppies must be at least 12 weeks of age to attend Play Care. Puppies may participate in Play Care before they are altered, as long as completed by the time they are 6 months of age.

**Registration:** All puppy owners must complete the application, have the agreement signed and have proof of vaccination.

**Hours of Operation:** Play Care is provided Monday through Friday from 7am until 7 pm. Play Care will be closed on *ALL* major holidays. Day care ends promptly at 7pm. Any puppy that stays past 7 pm will be considered to be boarding for the evening with us, at the owners expense. In that event boarding charges will be in addition to Play Care fees. If any puppy needs to stay past 7pm, prior arrangements or notifications must be made to the Play Care Provider in order for the boarding fee to be waived.

I certify that I have read the following Rules and Regulations and understand, and am in agreement.

Clients Name \_\_\_\_\_

Clients Signature \_\_\_\_\_ Date \_\_\_\_\_