



**MON. - FRI.** 7:30am-8pm

**SAT - SUN.** 9:30-6pm

The Pet Services agreement is dated \_\_\_\_ / \_\_\_\_ /, 20 \_\_\_\_ and is between Your Spoiled Pets and \_\_\_\_\_ (Pet Owner).

**Pet Information**

<b>Pet(s) Name</b>	
<b>Birth Day</b>	
<b>Breed</b>	
<b>Gender</b>	
<b>Spayed/Neutered</b>	
<b>Type of ID (microchip? tags?) include ID# if have</b>	
<b>Are treats allowed?</b>	

Precautions (humans/other animals):

Contact Information for Primary Veterinarian and alternative if applicable:

Feeding instructions:  Only when needed  Every time

-How much food:

-How Often:

Any other pertinent information?

What dog wears for walks? (ie. harness/collar)

How did you hear about us?

## Owner Agrees;

1. To the service rates contained within this agreement and that I shall make payment for any service performed before the service commenced.
2. All dogs must have a veterinarian and must be up to date on required vaccinations including Rabies, Parvo, Canine Influenza & Distemper (every 3 years). Bordetella (every 6 months) \*Please attach to paperwork upon submitting agreement form.
3. That YSP reserves the right to deny service or terminate service because of safety concerns, financial concerns or any other reasons.
4. **All dogs must have a collar** (harnesses do not qualify as collars) with a rabies vaccination tag, and an ID tag (if dog has a "chip" or tattoo for identification, then ID tag requirement will be waived).
5. To take photographs of my pet for use in marketing materials.
6. To surrender my pet to the care of the emergency contact at any time.  
In addition, no persons other than someone previously listed or added as a pick-up friend for my file will be able to retrieve my dog from YSP care.
7. To pay all fees associated with services requested prior to any service.
8. If the owner is not present to pick up their dog by the 8pm closing time, Your Spoiled Pets has the right to close their facility, and transport the dog to their home for boarding services which the owner will be charged for one night of boarding fees, \$60 in addition to the daily daycare rate.
9. The owner understands that Your Spoiled Pets cannot be held responsible for lost, dirty, damaged or destroyed belongings.
10. To understand that there are risks and benefits associated with group socialization of dogs. During such activities like group socialization and normal play, it is possible that my dog may receive minor nicks and scratches from interacting with other dogs. Any injuries to the dog will be brought to the attention of the owner by the YSP staff.

**By signing this document I confirm that I have read, understand and am in agreement with all information, policies and service requests contained in this document. The client also certifies to the accuracy of all information given about the said pet on this contract.**

**OWNER 1**  
Name(print):

Sign:

Address:

Door code if have one:

Location of APT. if # is not on door:

Phone #:

Email:

**OWNER 2**  
Name(print):

Address:

Phone #:

Email:

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Emergency Contact Name:

Phone:

## MEDICAL RELEASE FORM

Safety is the first priority of YSP. Making sure your dog remains happy and healthy during their stay is something we take very seriously. We do our best to prescreen animals for health and behavior issues to ensure a safe environment within the facility. We need all clients to understand that a doggy day care can be unpredictable at times and dogs can act un-expectantly towards other dogs and humans at any moment. In addition there maybe preexisting health conditions we are all unaware of. You need to understand that some factors are just out of our control. If a medical emergency arises our first priority is to get your dog to a licensed veterinarian as quickly as possible. We will contact the owner once we established the need for emergency care and secured a veterinarian to administer the medical care needed.

Owner;

I \_\_\_\_\_ understand that in the event of a medical emergency that Your Spoiled Pets, at its sole discretion, deems the need for immediate attention of a licensed veterinarian for my pet, I authorize Your Spoiled Pets to seek medical attention for my animal under their care. 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 Your Spoiled Pets.

\_\_\_\_\_  
Owners name (please print)

\_\_\_\_\_  
Pets name (please print)

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Today's Date