



## Day Care Service Agreement

15392 Assembly Lane Unit A · Huntington Beach · CA · 92649

Contact: Sherri Loomer

Office: 714-898-5800

Email: [sherri@youranimalsbestfriend.com](mailto:sherri@youranimalsbestfriend.com)

Web: [www.youranimalsbestfriend.com](http://www.youranimalsbestfriend.com)

This agreement is effective from \_\_\_\_\_ to \_\_\_\_\_ and is between Your Animals Best Friend LLC and \_\_\_\_\_ (hereinafter referred to as "client") who resides at \_\_\_\_\_.

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

Who can we call in the event of an emergency: \_\_\_\_\_

This agreement constitutes permission to provide day care services for said animal.

Any changes to this agreement must be done so in writing or they will be null and void. Your Animals Best Friend LLC has the right to make any changes to this agreement at will and without notice. With any changes, a new agreement will be presented before any new services are rendered.

Pet Info: Name: \_\_\_\_\_ Name: \_\_\_\_\_ Name: \_\_\_\_\_

Breed: \_\_\_\_\_ Breed: \_\_\_\_\_ Breed: \_\_\_\_\_

Weight: \_\_\_\_\_ Weight: \_\_\_\_\_ Weight: \_\_\_\_\_

Time of arrival: \_\_\_\_\_ Time of Pick Up: \_\_\_\_\_

Monthly Rate: \$ \_\_\_\_\_ per day x \_\_\_\_\_ days = \$ \_\_\_\_\_ Monthly Total

Payment for Services:    Cash                      Check                      Credit Card (not currently accepted)

Card Type:            Visa ↑ MC ↑

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

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

*\*In the event of a returned check, the client must pay the entire invoice and a \$30 fee promptly via cash or money order only.*

Any medical/health concerns (Must fill out Medication Permission slip if administering meds):

\_\_\_\_\_  
\_\_\_\_\_

Veterinarian Release Form read and signed:	Yes	No
Day Care Information Sheet(s) filled out:	Yes	No

Additional information/comments:

## Policies and Procedures

*The client hereto agrees to the following:*

- 1) Your Animals Best Friend LLC and its employees agree to provide services stated in this contract in a reliable and trustworthy manner. In consideration of these services and as an express condition thereof, the client expressly waives any and all claims against Your Animals Best Friend LLC or its employees, unless arising from gross negligence on the part of Your Animals Best Friend LLC
- 2) The client understands that all dogs must have a veterinarian and must be current with all vaccinations. Vaccinations must be given far enough in advance to be effective. We require about 2 weeks. We also require vaccination against kennel cough, which is very common among these facilities. Please bring vaccination record with you before or during drop off or dog(s) **will not** be admitted.
- 3) The client understands that all dogs must be treated with a flea, tick and heartworm preventative. If fleas are found on dog, a flea bath will be given at owner's expense.
- 4) Client understands the dog's nails must be clipped regularly for the safety of all our dogs and employees. If the dog's nails are found to be too long, we will cut at owner's expense.
- 5) All dogs must be accompanied by a leash or they **will not** be admitted. Collars may be removed during your dog's stay for safety reasons.
- 6) Your Animals Best Friend LLC does not diagnose, prognose, or make therapy decisions nor does it offer veterinary services. Any veterinary/medical concerns will be referred to a veterinarian.
- 7) The client understands all dogs interact with other dogs and employees. The client must express any known aggression problems that the dog has with others animals or people or food/toys and must be free of any communicable diseases. The dog is being admitted based on client's representation.
- 8) Client understands that dogs are unpredictable and, without warning, may bite or cause harm to others. Client further understands that there are risks involved in day care settings such as fights, bites and the transmission of diseases and releases Your Animals Best Friend LLC of liability.
- 9) Client agrees to be solely responsible for any harm caused by their dog to any employees, other dogs/owners, and/or property. Client agrees to reimburse Your Animals Best Friend LLC for all costs (including, but not limited to, medical care and lost wages) associated with exposure to dog(s).
- 10) Client also understands that day care settings are different from home settings. The flooring may be rough on the pads at first, separation anxiety may be present in the beginning, sore muscles and joints may be present and the dog may seem tired. These, and more, are all common at the beginning of a day care life and will diminish as the dog becomes more accustomed.
- 11) Your Animals Best Friend LLC **does not** accept aggressive dogs since all dogs have interaction with others.
- 12) Client understands if dog is found to be aggressive or displays behavioral problems, dog will no longer be allowed to participate. We will process a refund for unused days.
- 13) Your Animals Best Friend LLC reserves the right to take dog(s) to vet if necessary. Client is responsible for all charges including vet fees and transportation fees.
- 14) Your Animals Best Friend LLC reserves the right to deny service or terminate service because of safety concerns, financial concerns, or inappropriate or uncomfortable situations.
- 15) Payment is expected before services are rendered. In the event of additional unforeseen costs (such as vet fees, flea baths, nail trimmings, etc.), payment is expected within 5 days of the completion of services or a late charge of \$20 will be applied.
- 16) Cancellations must be received 2 days prior to scheduled class or a \$25 cancellation fee may apply.

By signing below the client fully understands and agrees to the contents of this 2 page agreement:

\_\_\_\_\_  
Client's signature

\_\_\_\_\_  
Date