



## **Playtime Requirements**

Our guidelines are set forth to ensure the health and safety of all Playtime participants.

All dogs over 6 months of age must be spayed or neutered and current on vaccinations. Owners must have proof from their veterinarian that Rabies, Distemper, and Bordetella vaccines are up to date.

All new daycare attendees must test negative for giardia and other parasites within six months. If tested positive, they must be treated and retested.

All dogs must be free of fleas and ticks and in good health. If external parasites are found, the dog will be isolated for the remainder of the day and treated at the owner's expense. Owners certify that their dog(s) are in good health and have not been ill with a communicable condition for the last 30 days.

All dogs must be non-aggressive toward food and toys. Owners must certify that their dogs have not harmed or shown aggression toward any person or dog. There is a three-step temperament assessment test upon admission: the human interaction test, introduction to playtime group through barrier, and close monitoring of entrance into playtime group setting.

The safety and health of our participants is our primary concern.

Thank you,  
Daycare Administrator

## **Poochie Playtime Application**

Owner's Name: \_\_\_\_\_

Dog's Name: \_\_\_\_\_

If your dog was adopted from a shelter, do you have knowledge of his/her history?      Yes    No

Comments: \_\_\_\_\_

\_\_\_\_\_

Are there other animals in your household?      Yes    No

How does your pet interact with the other pets in your household?

\_\_\_\_\_

\_\_\_\_\_

Has your pet ever attended another daycare facility?      Yes    No

If yes, name of facility: \_\_\_\_\_

When did he/she last attend? \_\_\_\_\_

What method do you use for flea and tick prevention? \_\_\_\_\_

What method do you use for heartworm prevention? \_\_\_\_\_

Has your dog ever been diagnosed with Canine Papilloma Virus? Yes No

If yes, when? \_\_\_\_\_

Has your pet been diagnosed with hip dysplasia? Yes No

If yes, what are his/her restrictions? \_\_\_\_\_

Are there any health issues we should be aware of? \_\_\_\_\_

\_\_\_\_\_

Does your dog have allergies (including environmental or food)? \_\_\_\_\_

\_\_\_\_\_

Is your pet currently taking any medications? Yes No

If yes, please list medications

\_\_\_\_\_

\_\_\_\_\_

Does your dog have any sensitive areas on his/her body? Yes No

If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

Is your dog afraid of anything in particular such as loud noises or thunder? Yes No

If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

How does your dog react to strangers in your yard or home?

\_\_\_\_\_

\_\_\_\_\_

Does your dog bark or growl at other dogs or people when they pass by your yard or home? Yes No

Has your dog ever bitten anyone? Yes No

If yes, what were the circumstances?

\_\_\_\_\_

\_\_\_\_\_

Has your dog ever growled or snapped at an adult or child? Yes No

If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

Has your dog ever growled or snapped at anyone who's taken his/her food or toys away? Yes No

If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

Does your dog have problems with any of the following?

House Training	Yes	No
Escaping	Yes	No
Climbing	Yes	No
Eating Foreign Objects	Yes	No
Reacting to name	Yes	No
Barking	Yes	No
Digging	Yes	No
Jumping	Yes	No
Growling	Yes	No
Nipping	Yes	No

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Photo Release (Signature required)**

I, the undersigned, do hereby consent and agree that the Veterinary Group of Chesterfield, its employees, or agents have the right to take photographs, videotape, or digital recordings of my pet(s) and release all rights to exhibit this work in print and electronic form publicly or privately.

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

\_\_\_\_\_  
Date

### **Pet Owners Daycare Agreement (Signature required)**

Veterinary Group of Chesterfield agrees to exercise due diligence and reasonable care and to keep the premises sanitary and properly enclosed. Veterinary Group of Chesterfield is dedicated to providing a safe environment for you, and we will take reasonable and necessary precautions to ensure the security of our guests-both human and canine.

I understand and agree that in admitting my dog(s) to Veterinary Group of Chesterfield, that the staff has relied on my representation that my pet is in good health and has not harmed or shown aggressive or threatening behavior towards any person or dog. I am responsible for informing the staff of any changes before my pet attends daycare. I understand that all animals over the age of 6 months must be spayed or neutered. I understand that I am responsible for any harm caused by my dog(s) while he/she is attending daycare.

Veterinary Group of Chesterfield assumes no liability for loss or damage from disease, sickness, death, running away, theft, fire, injury to persons, other pets or property by your dog(s) or other unavoidable causes, due diligence and care having been exercised. I hereby release Veterinary Group of Chesterfield of any liability and I further agree to indemnify and save them harmless against any and all claims arising from my pet's attendance and participation at Veterinary Group of Chesterfield, including but not limit to, all costs, attorneys fees, expenses and liabilities in connection therewith.

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I further understand and agree that any problems which develop with my dog(s) will be treated as deemed best by the Doctors at Veterinary Group of Chesterfield, at their sole discretion, and **I will assume full financial responsibility for any and all expenses involved.** I further understand that with my signature, I am stating that all required vaccinations and testing are up to date.

Veterinary Group of Chesterfield reserves the right to deny entry or remove from the premise any pet at their discretion. This owner agreement shall be deemed continuing so as to require you to immediately notify Veterinary Group of Chesterfield if there is any change in information disclosed in the Owners Daycare Agreement or application forms subsequent to the time such agreement and applications were first executed. I understand that if I do not retrieve my dog(s) by the posted closing time, my pet will be transferred to Veterinary Group of Chesterfield's boarding facility at the owner's expense.

I certify that I have read and understand the policies of Veterinary Group of Chesterfield as set forth on the preceding pages and that I have read and understand the conditions and statements of this agreement.

**Notice: There is an inherent risk of disease transmission or a fight, resulting in possible injury or death to your dog when there is a commingling of dogs from different backgrounds, with different temperaments and owned by different individuals.**

**Notice: The staff of Veterinary Group of Chesterfield has full authority to decline any dog or any breed of dog for any reason.**

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Signature of Owner

Date