



DAYCARE ADMISSION FORM

OWNER NAME: _____ PHONE NUMBER: _____

PET NAME: _____ BREED: _____ COLOR: _____

ALTERNATE PHONE: _____ non-OWNER PICK-UP AUTH: _____

MEDICAL SERVICES REQUIRED / NEEDED:	RABIES	DHPP	BORD	6M-FECAL
--	---------------	-------------	-------------	-----------------

I UNDERSTAND THAT 1) ALL DOGS ARE WELCOME; HOWEVER, MY PETS DAYCARE EXPERIENCE MAY BE TAILORED TO FIT THEIR PERSONALITY AND BEHAVIOR; 2) MY PET MUST BE ABLE TO PLAY-WELL WITH OTHER DOGS (at least 4 or 5) FOR AN EXTENDED PERIOD OF TIME; 3) MY PET MUST BE ACCEPTING OF A CRATE OR CAGE OR RUN FOR NAPTIME AND TIME-OUT; 4) MY PET MUST BE IN GOOD HEALTH with NO FLEAS, TICKS, OR CONTAGIOUS ILLNESSES. **OWNER:** _____

TO PARTICIPATE IN OUR DOGGIE-DAYCARE ACTIVITIES, RESERVATIONS ARE REQUIRED.
 I UNDERSTAND THAT IF MY PET IS NOT SCHEDULED ON ANY GIVEN DAY, MY PET MAY BE TURNED AWAY OR if space allows, OFFERED DAY-BOARDING, WHICH DOES NOT INCLUDE DAYCARE ACTIVITIES AND GROUP PLAY.
 IF YOU MUST CANCEL OR RESCHEDULE YOUR RESERVATION, PLEASE CALL US NO LESS THAN 24 HOURS PRIOR TO YOUR SCHEDULED RESERVATION. YOU WILL BE CHARGED THE EQUIVALENT OF ONE FULL DAY OF DOGGIE-DAYCARE IF YOU FAIL TO CANCEL YOUR RESERVATION FOR DAYCARE WITHOUT A 24-HOUR NOTICE OR NO-SHOW ON YOUR RESERVED DATE. **OWNER:** _____

I UNDERSTAND THAT RALEIGH COMMUNITY ANIMAL HOSPITAL IS A FLEA-FREE FACILITY, THUS IF MY PET HAS EVIDENCE OF A LIVE FLEA INFESTATION, RCAH WILL GIVE MY PET AN ORAL TABLET (CREDELIO) THAT TREATS/KILLS FLEAS FOR 30 DAYS AND SUCH WILL BE CHARGED TO MY ACCOUNT. FURTHERMORE, DEPENDING UPON THE LENGTH OF MY PET'S STAY, MY PET MAY BE DUE FOR FLEA/TICK/HEARTWORM PREVENTATIVE, AND I HAVE PROVIDED FOR SUCH. **OWNER:** _____

I HAVE AGREED TO THE ABOVE SERVICES AND INFORMATION STATED ON THIS FORM. I HEREBY CONSENT AND AUTHORIZE RALEIGH COMMUNITY ANIMAL HOSPITAL TO PRESCRIBE FOR/OR PROVIDE TREATMENT FOR MY PET AS REQUESTED AND/OR IN THE EVENT OF AN EMERGENCY. IF I CANNOT BE REACHED BY PHONE, I GIVE PERMISSION FOR THE DOCTORS TO STABILIZE MY PET UNTIL I CAN BE REACHED. I UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE FOR THE TREATMENT OF MY PET AND PAYMENT IS DUE UPON PICK UP OF MY PET FROM RALEIGH COMMUNITY ANIMAL HOSPITAL. **OWNER:** _____

I UNDERSTAND AND AGREE THAT MY ANIMAL(S) MAY BE PHOTOGRAPHED OR VIDEOTAPED DURING THEIR STAY WITH RALEIGH COMMUNITY ANIMAL HOSPITAL. I FURTHER UNDERSTAND AND AGREE THAT RCAH SHALL BE THE EXCLUSIVE OWNER OF THE RIGHTS, RESULTS, AND PROCEEDS FROM SUCH MEDIA AND RCAH MAY FREELY, WITHOUT NOTICE, USE ANY SUCH MEDIA ON SOCIAL MEDIA WEBSITES FOR ADVERTISING, PROMOTION, OR FURTHERANCE OF ITS BUSINESS. **OWNER:** _____

I GIVE RALEIGH COMMUNITY ANIMAL HOSPITAL PERMISSION TO ALLOW MY PET TO INTERACT WITH OTHER DOGS.
 I UNDERSTAND THAT THERE ARE INHERENT RISKS WITH BOARDING, DAYCARE, AND GROUP SOCIALIZATION OF ANIMALS. THESE RISKS INCLUDE, BUT ARE NOT LIMITED TO, CUTS, SCRAPES, BITES, SPRAINS, STRAINS, NICKS, SCRATCHES, EXPOSURE TO PARASITES AND TRANSFER OF A COMMUNICABLE ILLNESS, SUCH AS BUT NOT LIMITED TO, RESPIRATORY ILLNESSES AND/OR INFLUENZA. RALEIGH COMMUNITY ANIMAL HOSPITAL (RCAH) WILL NOT BE LIABLE FOR ANY HEALTH ISSUES THAT DEVELOP IN MY ANIMAL AND I HEREBY RELEASE THEM OF ANY LIABILITY OF ANY KIND WHATSOEVER ARISING FROM MY ANIMALS STAY AT RCAH.

OWNER SIGNATURE: _____ DATE: _____

Daycare (per day): \$30.00	10-Day Pass: \$260.00	20-Day Pass: \$480.00	Day-Boarding: \$22.00	LATE PICK-UP FEE: anytime after 6pm \$5.00
-------------------------------	--------------------------	--------------------------	--------------------------	--

prices as of May 1, 2019