



**PARTICIPATION AGREEMENT**

**Choose payment preference:**

Frequent Fido Pkg \_\_\_\_\_

Pay by Day \_\_\_\_\_

Credit Card on File \_\_\_\_\_

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

I, \_\_\_\_\_ have read the following and have been provided the opportunity to ask questions of the Wignall Animal Hospital Staff.

In order to establish a safe and healthy environment for all participants, this facility requires that all pets attending daycare have up to date proof of rabies, distemper, leptospirosis, bordetella, canine influenza, as well as yearly fecal testing. Pets that are young enough to have not completed their entire series of inoculations may not yet be fully protected and, thus, owners of these pets must accept any risks of infection. All female pets older than 6 months must be spayed. All male pets should be neutered by 6 months but can be accepted up to a year with note from their veterinarian.

I verify that the above-named pet is in good health and to my knowledge has not shown clinical signs of any communicable disease within the last 14 days. I further certify that my pet(s) have not caused harm to or shown aggressive or threatening behavior towards people or animals. By signing below, I confirm that I have read and understand the following:

- 1) I understand that my dog will spend time in both inside and outside play yards throughout the day but will be confined to a crate or run at staff discretion during rest times.
- 2) I understand that attendance by my dog in the daycare program involves group play with other dogs. Although the staff at this facility will closely supervise all participants, I accept that play behavior, unknown or undocumented aggression, or participation in routine daily activities can lead to altercations or injuries. I assume the risks of and responsibility for the costs to treat any injuries my pet sustains while playing at this facility. I further understand and accept that in the absence of negligence, the owners and staff will not be held liable for any injuries or deaths related to my pet's participation in this program.
- 3) I understand that my dog must be up to date on rabies, distemper, leptospirosis, bordetella, canine influenza vaccines and have proof of a negative fecal test within the past 12 months in order to attend Camp Wignall.
- 4) I understand that my pet should be on a regular heartworm, flea/tick, deworming regimen to prevent against the spread of parasites.
- 5) In the event my dog contracts a communicable disease during the time he/she is attending this program, I assume the risks and accept responsibility for the costs for all treatments. I also agree to withhold my pet from this program until he/she has been free of any signs of communicable disease for at least 48 hours. Although risks of acquiring communicable disease are small, I accept them and, in the absence of negligence, agree to hold this facility harmless from expenses incurred for treatment.
- 6) I understand and agree that if the need arises, emergency medical care for my pet will be sought from Wignall Animal Hospital and I agree to medical treatment of my pet and to pay all reasonable costs for such treatment. I have been informed that someone from this facility will attempt to call me as soon as the situation is stable, at which time authorization for further care will be transferred to me. If I am unable to be contacted you have the right to administer aid as appropriate, using available Wignall Animal Hospital veterinarian.
- 7) I understand that if the staff observe any aggressive behavior my dog *may* be confined for the remainder of play groups with no deduction in price of daycare.
- 8) I understand that I will be notified about any behavior that concerns the staff. I also understand that the staff are willing to work further with my dog *only* if I agree to continue work at home, dog parks and other dog appropriate settings.
- 9) I understand and agree that my dog's pictures and videos may be taken and used at the discretion of Wignall Animal Hospital to publicize daycare.
- 10) I understand that it is in my dog's best interest to reserve daycare at least a week in advance. I understand that if I do not make a reservation there is a chance my dog may not be able to be accepted into the program that day due to capacity.
- 11) I understand that my pet must be picked up prior to 7pm and that there a late fee will be charged after 7pm.
- 12) I understand that payment is expected at the time of service and that failure to maintain a current account may result in my pet not being able to attend daycare.

**I certify that I have read and agree to the terms of this policy.**

Owners Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_ WAH Staff: \_\_\_\_\_