



**PARTICIPATION AGREEMENT
(To be completed by Dog Owner)**

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

- 1) I agree that my dog is in good health, showing no signs of illness and is free of parasites to the best of my knowledge.
- 2) 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.
- 3) I understand that while every precaution is taken, there are certain risks to dogs playing together including, but not limited to; potential injury from interacting with other dogs, illness such as Bordetella/canine cough or other contagious illness and parasites. Treatment for any such illness or injury will be at my expense.
- 4) 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.
- 5) I understand that my pet should be kept on a regular heartworm, flea/tick, deworming regimen to prevent against the spread of parasites.
- 6) I understand that any problems that may arise with my dog will be handled by Camp Wignall Staff at their discretion and as they see fit. I also understand that if any medical problem should arise, I will be contacted. If I am not able to be reached my dog will be treated at the discretion of Wignall Animal Hospital and I will be financially responsible for any expenses.
- 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 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: _____