

DAYCARE & GROOMING CONSENT FORM

Date: <std-date> Owner's Name: <first-name> <last-name>
Address: <address> City: <city> State: <st> Zip Code: <zip>
Available Phone Numbers: <phone>, <business>, <cell-phone>
Pets Name: <animal> Breed: <breed> Age: <age-name> Sex: <sex-name> Weight: <weight>

DAYCARE RELEASE TERMS

- In case of an emergency, College Park Road Veterinary Clinic will attempt to contact you. If you're unreachable, necessary veterinary treatment or surgery will proceed at your expense. This includes issues such as parasites, lethargy, vomiting, and diarrhea.
- While all reasonable precautions will be taken, the clinic is not liable for injury, escape, or death of your pet, as you assume all associated risks.
- All charges must be paid upon pickup. If your pet is not picked up within 24 hours of the agreed time and no new date is provided within 10 days, your pet will be considered abandoned and become property of the clinic. You remain responsible for all incurred charges.
- Personal items should not be left, as they may be lost or damaged. Bedding will be provided.
- Photos of your pet may be taken and used for advertising.
- I authorize my pet to participate in supervised playtime with other dogs. While staff match pets by size and temperament, accidents (e.g., scratches, bumps, bites) can occur.
- Daycare hours: **Monday–Friday, 7:30am–1pm and 2pm–5pm**

GROOMING CONSENT FORM

- **Vaccination & Health:** Pets must be current on Rabies, Distemper, and Bordetella vaccines and have a recent negative fecal test. Owners confirm pets are healthy to their knowledge.
- **Aggression:** Owners must disclose any history of biting or aggression. The clinic may use muzzles if needed and reserves the right to refuse or stop service. Owners are responsible for any resulting injuries, damages, or costs.
- **Senior or Ill Pets:** Grooming may stress pets or reveal health issues. These pets will be groomed for comfort. Emergency treatment may be provided at the owner's expense, with attempts made to contact you first.
- **Mat Removal:** Severely matted pets may need to be shaved. Risks include skin irritation, abrasions, and delayed hair regrowth. Shaved pets are prone to sunburn. Extra fees apply.
- **Accidents:** Grooming tools are sharp. Minor injuries such as nicks, scratches, or quicked nails can occur despite caution. We strive to keep your pet safe, but an injury treatment required may be at owner's expense.
- **Parasites:** Pets with fleas or ticks will be treated at your expense. Parasites are a health risk to both pets and humans.
- **Liability:** Owners agree to hold the clinic harmless for any condition, known or unknown, related to their pet. This agreement may be updated without notice and replaces prior versions.

DAYCARE & GROOMING CONSENT FORM

I understand and agree that by admitting my pet(s) to College Park Road Boarding Kennel, I confirm they are in good health and have not shown aggression toward people or other animals. In using the services and facilities, I release and hold harmless the Kennel, its owners, staff, and volunteers from any liability for injury, illness, loss, infestation, or death of my pet(s) while in their care. I accept full responsibility for any harm caused by my pet(s) and agree to indemnify the Kennel for any resulting loss, damage, or expense.

This release is intended to be as broad as permitted under South Carolina law. If any part is deemed unenforceable, liability is limited to the amount I paid for services.

I authorize the Kennel to treat any illness or injury as deemed necessary and accept full financial responsibility, even if such treatment is later found unnecessary. If my pet(s) pass away during my absence, I authorize veterinary safekeeping until my return.

Any medications that need to be given during boarding stay:

After carefully reading the above, I have signed in agreement.

Owner or Responsible Party: _____ Contact Phone: _____
Date: _____

It is very important that there is an emergency contact available to make decisions about your pet's health in the event that you are not able to be reached. Please leave the name and number of a friend or relative that can make financial decisions on your behalf.

Name: _____ Number: _____