



## Daycare/Boarding Waiver and Consent Form

This agreement shall apply to all boarding or daycare visits by your pet(s) to Old Mill Boarding Kennel and Grooming ("the facility").

**Please initial next to every point to indicate that you have read and understand.**

### **OWNERSHIP:**

I represent that I am the legal owner or authorized representative of the owner for the pet(s) described on this document. \_\_\_\_\_

### **VACCINES/MEDICAL HISTORY:**

I represent that my pet(s) is/are in good health, is/are current on all required vaccinations (Dogs – DHPP, Leptospirosis, Rabies, Canine Influenza and Bordetella; Cats – FVRCP and Rabies) and have had a negative fecal test within the past 6 months. \_\_\_\_\_

I understand that while my pet(s) is/are fully vaccinated, vaccines are not guaranteed and there is a small risk that my pet(s) may contract a contagious disease or illness (such as Canine Influenza or Bordetella/Kennel Cough in dogs, upper respiratory infections in cats). I agree that should this occur, I am responsible for my own pet's care, medical attention, and the associated costs. \_\_\_\_\_

I represent that my pet(s) is/are free of fleas, ticks, and lice and has/have not been ill within the past 30 days. \_\_\_\_\_

I understand that should fleas, ticks or lice be observed on my pet(s) a flea/tick/lice treatment will be applied to my pet(s) and I will be responsible for any associated charges (cost is dependent on size of pet, species, and severity of infestation). \_\_\_\_\_

I agree to disclose any previous or current medical issues/concerns for my pet(s) so that the facility's staff can decide on suitability for daycare/boarding. \_\_\_\_\_

### **MEDICATIONS:**

I understand that the facility's staff are not veterinarians and must follow strict guidelines when administering medication to my pet(s). Medication will be administered according to the dosage prescribed on the medication bottle and the facility will not deviate from the prescription. All prescriptions must be presented in the original pharmacy container and have a label that includes:

1) the owner's name, 2) the pet's name, 3) the drug name, 4) the dosage, 5) the veterinarian's name, 6) the veterinarian's contact information (address/phone number) and 7) the date the medication was issued. \_\_\_\_\_



**RISKS:**

Dogs – I represent that my dog(s) is/are social and has/have not harmed or shown threatening behaviors towards any person or other dogs. I understand that the facility reserves the right to remove my dog(s) from the play area and place my dog(s) in a separate holding area should my dog(s) display any unwanted behaviors. \_\_\_\_\_

Dogs and Cats – I understand that if my pet(s) act aggressively toward another pet or the facility staff resulting in injury to the pet or staff, that I will accept responsibility for any veterinary care needed on behalf of the injured pet or any medical care needed on behalf of the staff member as a direct result of my pet(s) actions. \_\_\_\_\_

I understand that special-needs pets, young pets, and senior pets naturally have a higher risk of injury, stress-related illnesses, weakened immune systems, or exacerbation of any pre-existing condition and am waiving any claim for injury or illness experiences by my pet while in the care of the facility. \_\_\_\_\_

I understand that if my pet unexpectedly passes while in the care of the facility my pet will be transported to Old Mill Veterinary Hospital, where he/she will be held until I can be reached for further instructions. \_\_\_\_\_

In the event of the unexpected passing of my pet, I understand that if the facility is unable to transport to Old Mill Veterinary Hospital, that the facility will transport my pet(s) to the nearest 24-hour veterinary hospital, and I will be notified to discuss further instructions. \_\_\_\_\_

I understand that if my pet(s) nails are too long and could potentially cause deep scratches or breaking skin of staff or other pets, or predispose my pet to injuring him/herself, a nail trim may be required by the facility at an additional cost (\$\_\_\_\_). \_\_\_\_\_

I give permission for the facility to bathe my pet if he/she soils his/her fur (feces or urine) while in the care of the facility and understand that additional costs will be incurred (up to \$100 depending on size and disposition of pet). \_\_\_\_\_

I wish to decline this service. \_\_\_\_\_

I give permission for the facility's staff to contact my veterinarian should any injuries or illnesses occur that require medical attention, and I agree that I am solely responsible for any medical expenses incurred on behalf of my pet(s). \_\_\_\_\_

Mild GI upset manifesting as diarrhea is not uncommon while boarding due to the change in environment and/or diet. If diarrhea is noted and not resolved after 12-24 hours, we recommend starting the probiotic Purina Fortiflora, which is administered daily as a palatable powder with your pet's food. Treatment will be continued for the duration of your pet's stay. If





the diarrhea is not improving after 48 hours, or worsening at any point, veterinary care will be sought.

I give permission for the facility to administer Purina Fortiflora if my pet develops diarrhea, charged at \$5/day. \_\_\_\_\_

I wish to decline this service. \_\_\_\_\_

**INTACT PETS:**

Daycare – I understand that if my pet(s) is/are over the age of 7 months, is/are not spayed or neutered, and is/are exhibiting "intact" behaviors or signs of a heat cycle, that I will be immediately contacted by the facility for pick-up. \_\_\_\_\_

Boarding – I understand that if my dog(s) is/are over the age of 7 months, is/are not spayed or neutered and is/are exhibiting "intact" behaviors or signs of a heat cycle, that my pet(s) will be placed in boarding for individual care, away from other pets and I will be responsible for any additional charges. \_\_\_\_\_

**ADDITIONAL FACILITY POLICIES:**

I understand that cancellations must be done 48-hours prior to the reservation date, or I may be charged a fee for failure to cancel timely. \_\_\_\_\_

I understand that the facility reserves the right to refuse admittance to any pet(s) that does not meet or maintain the health, temperament or other daycare/boarding standards. The determination shall be made at the sole discretion of the facility. \_\_\_\_\_

I understand that prepaid daycare/boarding packages are nonrefundable and expire 12 months from the date of purchase.

I understand that payment in full is due at time of pick-up. \_\_\_\_\_

If my authorized representative or I cannot pick up my dog(s) at the agreed pick-up time, I authorize the facility to provide additional overnight and daycare services at my own expense.  
\_\_\_\_\_

I understand that I am charged for the day in regardless of drop off time. I understand that I am not charged for the day out if I pickup by 12(noon)\_\_\_\_\_

**ROUTINE VETERINARY VISITS at OLD MILL VETERINARY HOSPITAL WHILE BOARDING:**

All wellness services provided during boarding stays will be performed via a scheduled appointment to ensure clear communication about the patient's health and recommended treatments.



If you would like to have your pet examined by Old Mill Veterinary Hospital (OMVH) while they are staying at the facility, please schedule with OMVH directly (in person at the time of drop-off, or at 703-779-2903) for a time when you will be available to discuss your pet's care recommendations with the veterinary team.

I understand that if I am unavailable at the time of my pet's scheduled appointment with OMVH services will not be performed and that this will be considered a missed/no-show appointment, and that a deposit may be required in the future in order to schedule appointments. \_\_\_\_\_

**MEDIA RELEASE:**

I understand that the facility may from time-to-time post photos or videos of pets on Facebook, our website, and/or other marketing materials. I agree to allow the facility to use my dog's name(s) and any images or likeness of my dog(s) taken while he/she is at the facility, in any form, for any use at any time, in any media, marketing, advertising, illustration, trad or promotional materials without compensation, and I release to the facility all rights that I may possess or claim to such image, likeness, recording, etc. \_\_\_\_\_

**LIABILITY RELEASE:**

I understand and agree that during normal play, my pet(s) may sustain injuries. While social/group play (dogs) is monitored by the facility staff in an effort to avoid injury, scratches, punctures, torn ligaments, and other injuries may occur despite the best supervision. I understand and agree that neither the facility nor any of the employees/staff will be liable for any illness, injury, death, and/or escape of my pet(s), provided that reasonable care and precautions are followed and hereby release the facility and employees/staff of any liability whatsoever arising from or as a result of my pet(s) receiving services from the facility. \_\_\_\_\_

I fully understand and agree to the terms of this Agreement as of \_\_\_\_\_, 20\_\_\_\_ and that such terms will become effective on the first date of service and will continue for an unspecified period of time applicable each and every time I bring my pet(s) in for services at the facility.

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name of Owner: \_\_\_\_\_  
Contact Phone Numbers: \_\_\_\_\_





## MEDICAL RELEASE FORM

This is a required form for all Old Mill Boarding Kennel & Grooming participants receiving services.

First and foremost, the safety and well-being of your pet(s) is of the highest importance to us. Ensuring that your pet remains safe and well cared for is our first responsibility and as such we take it very seriously. We do our best to have our pet parents screen for pre-existing health conditions but some factors may be beyond our control. In the event that a pet appears ill, injured, or exhibits any other behavior that would reasonably suggest that the pet needs medical treatment (including anesthesia) while at our facility or participating in a service that we provide, it is imperative that we are immediately able to get them medical treatment at the closest available facility. We will call ahead to the veterinary offices in closest proximity geographically to our facility to ensure that they can handle the emergency. Your pet will be rushed to the closest facility available for treatment and you will be notified. We notify the owner after we have secured a medical treatment center for the pet to avoid unnecessary delays in your pet receiving emergency medical care. Our goal is to get your pet medical attention as quickly as possible and for that reason, it is a requirement that our pet parents sign this medical release form.

I understand that in the event of a medical emergency, Old Mill Boarding Kennel & Grooming has sole discretion to seek the immediate attention of a licensed veterinary if deemed necessary for the welfare of my pet(s). I hereby authorize Old Mill Boarding Kennel & Grooming to see medical attention at the closest available veterinary facility. I further acknowledge that I will be financially responsible for any medical treatment(s) required by my pet(s) as a result of the medical emergency while my pet(s) is/are receiving services provided by Old Mill Boarding Kennel & Grooming. If Old Mill Boarding Kennel & Grooming is unable to reach me or one of my authorized representatives, I approve veterinary care costs for my pet(s) up to the amount of \$\_\_\_\_\_ and understand that if the necessary veterinary care exceeds this amount, additional recommended services may be postponed until contact has been established.

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name of Owner: \_\_\_\_\_  
Contact Phone Numbers: \_\_\_\_\_

**Additional Emergency Contacts (Authorized Representatives for Owner):**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_



## PET AND VETERINARY INFORMATION

### Pet Names and Descriptions:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
Breed: \_\_\_\_\_ Spayed/Neutered/Intact  
Any Known Health Conditions: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
Breed: \_\_\_\_\_ Spayed/Neutered/Intact  
Any Known Health Conditions: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
Breed: \_\_\_\_\_ Spayed/Neutered/Intact  
Any Known Health Conditions: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
Breed: \_\_\_\_\_ Spayed/Neutered/Intact  
Any Known Health Conditions: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
Breed: \_\_\_\_\_ Spayed/Neutered/Intact  
Any Known Health Conditions: \_\_\_\_\_

### Pet Veterinarian Information:

I give full authority to the facility and the facility staff to request and retrieve veterinary medical records for my pet(s), as listed herein, and release Veterinarian from any liability for the release thereof.

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name of Owner: \_\_\_\_\_

Name of Veterinarian: \_\_\_\_\_  
Address of Veterinary Office: \_\_\_\_\_  
Phone Number of Veterinary Office: \_\_\_\_\_