



802-445-3107

doggiedaycamp@wmah.net

802-447-0320 fax

2016 Owner Agreement for WMAH Doggie Day Camp

___ I, _____, hereby certify that my dog(s): _____ is/are in good health and has/have not harmed or shown aggressive or threatening behavior towards any person or any other dog. I also recognize the following:

___ 1. There are inherent risks of illness or injury when animals are allowed to be in close contact with one another. Such risks include but are not limited to canine respiratory disease (e.g. kennel cough), minor cuts, scratches, and bite wounds.

___ 2. Minor injuries will be treated as deemed best by the staff of WMAH Doggie Day Camp and the West Mountain Animal Hospital.

___ 3. In the event of an emergency when immediate medical treatment is necessary, the staff of WMAH Doggie Day Camp or West Mountain Animal Hospital will make every effort to locate me by telephone and apprise me of the situation. If I am unable to be contacted, the veterinarians and staff will administer the care and treatment necessary to alleviate pain, control bleeding, and provide life support.

___ 4. As the owner of a smaller breed dog (generally less than 25 pounds), I understand there is an inherent risk when socializing a smaller dog with bigger and stronger dogs during camp. I also understand that although all of the dogs will be well supervised, incidents can occasionally occur resulting in an injury to a dog including my own dog(s).

___ 5. I am fully financially responsible for any costs incurred for medical treatment required by my dog(s) regardless of the cause.

___ 6. West Mountain Animal Hospital, WMAH Doggie Day Camp and staff will not be held liable for any problems including illness or injury that develop or occur, provided reasonable care and precautions are followed. I hereby release the staff of liability of any kind whatsoever arising from my dog(s)' attendance and participation at day camp.

___ 7. Playing will include time in the dog park where in hot weather pools are available and may result in my dog(s) becoming wet or muddy.

___ 8. I must provide proof of current vaccination for:
◦Canine Distemper, hepatitis, parvo, parainfluenza
◦Bordetella (due every 6 months)
◦Rabies

If I fail to do so my dog(s) will not be permitted to attend camp.



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___ 9. Year round use of heartworm preventive with intestinal parasite control is required.

___ 10. Year round use of flea prevention is required. If fleas or flea dirt are found on my dog(s) Capstar will be administered at the discretion of the staff. Capstar is an oral tablet used to kill fleas. I will not receive a telephone call prior to administration and the cost will be added to my invoice.

___ 11. Repeated undesirable behaviors such as excessively rough play, aggression, or excessive barking can result in my dog not being permitted to return to WMAH Doggie Day Camp.

___ 12. If I am late picking up my dog(s) a penalty charge can be applied.

___ I have read and understand the conditions and statements of this agreement.

Signature of Owner

Date

WMAH DDC Staff Signature

Date