



A DOG'S LIFE RHODE ISLAND

NEW CLIENT AGREEMENT

The following information and guidelines represent those aspects of the Company and Client relationship. Rules and parameters may change at any time and reasonable notice will be given to Clients.

BOARDING DETAILS:

- Owners must have completed the required process to register their dogs (see below).
- \$30 per day
- Dogs must be picked up/dropped off **NO EARLIER THAN 7AM AND NO LATER THAN 6PM**
- All food and supplies are to be supplied by the owner.
- Specific drop-off and pick-up times, as well as any prescriptions or dietary instructions should be communicated during booking. Additional charges may apply for special needs.
- While not a traditional kennel, crated bedtime can be provided if you and your dog prefer it.

DAILY PLAY GROUP DETAILS: Play group hours are from 8AM-5PM Monday-Friday

- Owners must have completed the required process to register their dogs (see below).
- Play group hours are from 8AM-5PM Monday-Friday.
- Daycare costs \$20
 - Drop off before 8, or pick up after 5 costs an additional \$5
 - Earliest drop off time is 7am, latest pick up time is 6pm

GROOMING DETAILS:

- All grooming Clients must meet veterinary enrollment qualifications.
- A Dog's Life can provide grooming services to any dog that is comfortable with people.
- Prices vary according to Client needs; the Company will determine price for your pet before services are provided.

ENROLLMENT QUALIFICATIONS:

All clients must fulfill the following prerequisites for daycare admittance in order to arrange a preliminary meet and greet.

REQUIRED CURRENT VACCINATIONS AND HEALTH MEASURES:

IT IS THE CLIENTS RESPONSIBILITY TO UPDATE THEIR PET'S RECORDS WITH A DOG'S LIFE. PETS WITH LAPSED VACCINATIONS MAY BE PRECLUDED FROM PARTICIPATION AND BOARDING.

- Rabies (yearly)
- Bordetella (yearly, must be administered at least 11 days prior to acceptance)
- DHLPP (distemper, hepatitis, leptospirosis, parvovirus, parainfluenza)
- Heartworm Preventative (monthly)
- Tick & Flea Protection (monthly)
- Negative Fecal Test (yearly, at annual visit)
- Neutered/Spayed if over 6 months of age

Additional recommended health measures:

- Lyme Vaccine, Influenza Vaccine



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BEHAVIORAL AND TEMPERAMENT GUIDELINES

- Your dog will be assessed by Company for group compatibility. A Dog's Life will routinely assess individual pet behavior. Changes in pet behavior will be reported to the Client in a timely manner.
- Full disclosure of dog's past behavior is required to ensure safety and happiness of all daycare clients. Client will update A Dog's Life of any behavior changes with their pet. Failure to do so may imputer liability directly to the Client.
- Dog has not harmed or shown any aggressive or threatening behavior towards any person or another dog.
- Dog is not aggressively protective of food or toys.
- All dog clients must be at least 4 months of age.
- All clients must have a town license for their dogs.

A DOG'S LIFE WILL NOT ACCEPT THE FOLLOWING:

- Dogs that have terminal illness and are in the late stages of that illness.
- Dogs that have, had, or been exposed to communicable illness of any kind during the 30 days prior to acceptance.

IN THE EVENT OF AN EMERGENCY:

A Dog's Life seeks to provide a safe, secure and enjoyable environment for your pet. If an emergency situation arises involving your pet, A Dog's Life and its employees will utilize their trained and professional opinion on how to handle the matter. Every effort will be made to contact the Client before taking any action with the Client's pet. If needed, A Dog's Life will make every effort to engage the Client's veterinarian (listed below) for consult or services. If the context does not allow use of Client's veterinarian, Client authorizes A Dog's Life to use the most readily available veterinary services and Client assumes liability for the emergency services and payment.



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OWNER NAMES (LIST ALL OWNERS): _____

STREET ADDRESS: _____ CITY: _____ ZIP: _____

CONTACT PHONE #: _____ 2ND PHONE #: _____

EMERGENCY CONTACT: _____ PHONE #: _____

PET NAME: _____ AGE: _____ GENDER: _____

BREED: _____ COLOR: _____

VETERINARIAN NAME: _____ VET PHONE # _____

FEEDING INSTRUCTIONS: _____

MEDICATION INSTRUCTIONS: _____

KNOWN ALLERGIES: _____

FEARS/SENSITIVITIES/QUIRKS: _____

I, _____, certify that I have read and agree to the above requirements. I authorize Matt Dame / A Dog's Life to act as my agent in the event that my dog needs immediate medical attention. I further agree that I will be responsible for any and all costs of any veterinary care deemed absolutely necessary by the licensed veterinarian. I release and indemnify A Dog's Life of all liability, absent extreme negligence, for my pet's behavior and accept all reasonable liability for such.

SIGNATURE: _____ DATE: _____