Owner's Name(s):	
Contact Number:	ANIMAL CARE CEN ER OF GREEN VALLEY
Dog's Name:	Wag more, purr louder, live better.
(office use only) Entered by:	
Welcome to Dog We are happy and humbled that you have entrusted you Please read our policies outlined	r pet's care to Animal Care Center of Green Valley!
I agree to undertake the daycare services provided by Anthat prices are subject to change.	imal Care Center of Green Valley (ACC). I understand
I agree to maintain vaccinations and understand that if m not be able to participate in daycare. (Vaccinations should be cu I understand that ACC needs documentation of the dates my per daycare. We require proof of Rabies; the Adult Combo (distemporary)	rrent <i>no later</i> than five days before daycare attendance.) t <i>received</i> their vaccines before they can be admitted to
I understand that any personal belongings I chose to brin condition.	g with my pet may not be returned in the same
I give permission for ACC to take photographs and/or vid presentations, ads, and in the clinic.	eos of my pet for use on their website, social media,
I understand that male dogs over six months must be ne females be spayed, they may participate as long as they are not	
I understand that my dog will go through a temperamen suitability for ACC's daycare program.	t test on their first day in daycare to evaluate their
I understand that my dog's participation in group play is constantly assessed for group play suitability. If they are deemed ACC personnel will remove them from group play and will keep to	too aggressive or problematic to continue group play,
I understand that Daycare & Day-Boarding is available M	londay-Friday and that reservations are required.
I know that regular drop off hours are from 7:30am-12pm to pick up my dog by 5, I understand an additional fee will be chathe next business day.	, , , , , ,
I understand that I must have a current ANNUAL DAYCAL daycare or to day-board and agree to alert the daycare personne	
In the event of a medical issue, physical injury, and will attempt to reach me and/or my emergency contact. In emergency contact I authorize Animal Care Center of Greet two options below)	the event that ACC cannot reach me or my
up to \$ in treatments and medi	cations
as if it were our own. I agree to any and all feet treatment and lifesaving measures if necessary.	s necessary for any treatment including minor
Signed:	Date: