



Indian Hills Animal Clinic
1448 N. Maize Road, Suite 200
Wichita, Ks 67212
(316) 722-6444

Daycare Agreement

Owner's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Other Phone: _____

Emergency Contact: _____

Veterinarian Name: _____

Pets Name: _____ D.O.B. _____

Breed: _____ Sex: _____

Color/Markings: _____ Spayed: _____ Neutered: _____

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Breed: _____ Sex: _____

Color/Markings: _____ Spayed: _____ Neutered: _____

1. Dogs must be in good general health and provide valid proof that he/she has a negative parasite exam and is current on Rabies, DH2PP, and bordatella vaccines before being dropped off for any daycare service.
2. Dogs must also be on a scheduled flea preventative program. Pets arriving with fleas or ticks will be treated at the owner's expense.
3. All dogs over 6 months of age must be spayed or neutered.
4. If your pet should become ill, or in the rare instance of a bite or other injury requiring the care of our veterinarians, each owner shall be responsible financially for medical services provided to their own dog. We will call the emergency number(s) provided by you. If we cannot get a hold of you, we will take in mind your pet's best interest and treat them accordingly.
5. Pets may be dropped off anytime before 1:00 PM and picked up anytime before 6:00 PM. A full day (7am-6pm) is \$17.50 and half day (7am-1pm or 12pm-6pm) is \$12.50. If the dog is not picked up by 6:00 pm the dog will be boarded overnight and boarding charges will be incurred.
6. While every effort will be made to ensure my dog's health and well-being, I understand that he/she will be interacting with other dogs and that it is a possibility they could be exposed to viruses like Kennel Cough and Canine Papiloma Virus and that injury may occur.
7. Indian Hills Animal Clinic reserves the right to refuse daycare services to any dog due to aggression towards other dogs or people.

I UNDERSTAND AND AGREE TO ALL OF THE ABOVE CONDITIONS.

Owners Signature: _____ Date: _____