



**SAHO Owasso
Policy and Agreement Form**

Client Name:		Pet Name:	
Address:		Breed:	
Telephone:		Sex:	

The purpose of Doggy Daycare and Playtime for our boarders is to provide our guests with a safe, fun and loving environment. It is a wonderful opportunity to exercise and socialize your pet. SAHO's mission to provide a positive experience for you and your pet(s). To ensure the safety and health of your pet and others, guests are required to comply with the following policies:

Policies

- 1) All guests MUST be current on all vaccinations. Rabies and DHLPP are yearly vaccinations and the Bordetella is required every 6 months.
- 2) All guests MUST be spayed or neutered to enjoy GROUP playtime.
- 3) All pets MUST be in good health. Owners certify that their pet(s) are in good health and have not been ill with a contagious condition within the last 30 days. Upon admission, all pets must be free of any condition that might jeopardize any other guests.
- 4) All guests MUST be free of external or internal parasites. Proof of prevention is required or a fecal exam will be performed every 6 months at the owner's expense.
- 5) Guests are required to undergo a temperament test on his/her first day of doggy daycare to determine if he/she is eligible for group play.

Owner Agreement

The following will need to be signed. If emailed, we will provide a printed copy.

I, _____, hereby certify that my pet(s) is in good health and all the information provided in the agreement is accurate. Furthermore, I have read the following agreement and understand all that it contains:

- 1) I understand that dogs can play rough and may cause minor injury to each other. I will not hold SAHO responsible for any said offenses. Injuries will be treated as deemed best by the Pet Care Specialist and Doctors of SAHO and I will assume any financial responsibilities that might arise from said injuries.
- 2) I understand that, although SAHO works hard to keep the environment clean and safe, contagious illnesses may still arise. I assume the risks involved in allowing my pet(s) to participate in group play with other dogs. I agree to accept financial responsibility for treatment of said illnesses.



3) I authorize SAHO Owasso Animal Hospital to use pictures taken of Blank Name on their website and social media. _____ (Please Initial)

(Signature)

(Date)