		Sit ● Stay ● Play 10957 State Road 52 Hudson, FL 34669 (727) 857-4963	
Sit ● S	Stay Play Consent Form		
Date:			
Owner Name:			
Last	Fir	rst	
Address:			
City:	Zip Code:		
Home Phone: ()	Work Phone: ()	
Cell Phone: ()	Other Phone: ()	
Email Address:			
Emergency Contacts: (You will always I who will be a	be our first point of contact, if we canno ble to make decisions regarding your po		
Name:	Relationship:		
Home/Cell Phone: ()	Work: ()	
Name:	Relationship:		
Home/Cell Phone: ()	Work: ()	
Pet's Information:			
Breed:	Date of Birth / Age:	/	
Circle One: Male Neutered Male	e Female	Spayed Female	
Regular Veterinarian:			

Species: _____

Pet Name: _____

Pet Name:	Species:
	ay ● Play Policies e read and Initial:
temperament evaluation by one of the Sit Sit • Stay • Play has the right to refuse or him/herself, other pets in our care, or any limited to dogs who are aggressive (toy, fo	to reject any dog that may be a safety hazard to of our staff members. This will include, but is not od or people aggressive), anti-social, overly anxious x (4) months of age or older to attend doggie day
coming for Doggie Day Care, Training Class	eukemia, and Rabies Vaccinations – Negative Fecal
	tests will be required prior to entrance. nations/tests – Companion Animal Hospital will be uled appointment.
flea control. If a Sit ● Stay ● Play team me	on flea prevention. Please maintain proof of current embers sees a flea on your pet, a Capstar pill (a 24 iate dosage <i>and at owner cost</i>). You will be notified
5. Prepayment of all service required. NO EXCEPTIONS. We accept all m	es (Doggie Day Care, Training and Grooming) is najor credit cards or cash. NO CHECKS!
required for safety reasons. Each pet will re	ing on a leash or in an appropriate carrier. This is eceive a Sit ● Stay ● Play ID band while in our care. and from different areas. Please take all your pet's

belongings home with you. Sit ● Stay ● Play will not be held responsible for any lost or

damaged belongings.

Pet Na	ame:	Species:	
By sigr	ning this contract – Owner agrees to the follow: (Sign	ee represents "Owner")	
1.	. Signee specifically represents that he/she is the sole owner or authorized family member/friend of the pet being brought into Sit ● Stay ● Play.		
2.	Signee is aware that Sit ● Stay ● Play is an open an come to daycare and/or training classes may sustain scrapes while interacting with other pets in their plastaff members will be diligent in ensuring each pet's to not hold Sit ● Stay ● Play liable for any injuries t	n minor nicks, abrasions, cuts or ay group. While Sit ● Stay ● Play s safety while playing – Signee agrees	
3.		nat pets brought into our facility	
4.	If a pet in our care becomes ill or if a pet's health coprofessional attention, Sit ● Stay ● Play, at our sole Veterinary Services at Companion Animal Hospital treatments will be done with consideration	e discretion, may engage in o ensure the pet's overall health and	
5.	·	members, owners, or clients liable ed to have been caused directly or es to hold the aforementioned y disappearance, theft, and death or y for and agree to indemnify and and all loss and expense, including	
	read and understand all of the statements in this cor statements.	ntract and agree to be bound by	
Signat	ure:		
Print N	Name:		

This contract, policies and procedures may be updated at any time. I understand that I may need to sign any updated forms, contracts, policies and/or procedures to keep my file up to date.