

About Animal Central's Doggy Day Care

PH: 303- 469-PETS (7387)

FAX: 303- 469-2288 crvwc@yahoo.com

Hours:

- **6:30 am to 7:30 pm** Monday through Friday. If not **PICKED UP BY 7:45 p.m.** the dog will be **boarded and charged** at the **standard boarding rates**
- There is **No DDC** on weekends.

Operational Standards:

- DDC kids get quiet time in a private run between 12 and 1 p.m. They will be served a light snack of Purina E/N (Sensitive Stomach Formula) **unless** otherwise specified.
- Time outs and shaking noise makers are the procedure used for disciplining.
- **All dogs** must be kept on a leash coming and going from Doggie Day Care.
- Your loved ones are constantly watched over during the day.
- Our facility boasts indoor/outdoor large play areas with a specially designed doggy jungle gym for their running, jumping and climbing pleasure.
- We keep the area cleaned throughout the day.
- Chew and pull toys are provided for all to socialize and play with.
- In warm weather, each play group has a swimming pool for those poolside parties.
- We separate your dogs into 4 play groups: lg. active, lg. less active/inactive, sm. active and sm. less active/inactive.
- We're sorry but for liability reasons we can not accept Pit Bulls or Rottweilers. However, we would be happy to day lodge them for you.

Daycare Requirements:

- All dogs must be **spayed or neutered** and be at **least 5 months of age**.
- We recommend an ideal schedule as 3-4 full days per week for a typically active dog
- We want to guard against over stimulation and exhaustion as the dogs really do run and play the majority of the day. Of course we realize that there are those kids that need consistent socialization so we'll leave it up to your good judgment.
- It is very important that **sick dogs** do not socialize with the other dogs. In the event that your dog is ill and you can't leave at home or you are worried about your pet being sick and alone, we'd be more than happy to day lodge your pet in our isolation unit. Because we'd be accepting responsibility for his/her well being, **we must** examine your loved one first. Standard pricing would apply. Recommendations and a plan of care would follow for your consideration of implementation.

Initial _____

Vaccinations:

- All dogs must be current on vaccinations including: **Rabies** (one year and three year vaccine accepted), **Distemper combination** including tracheobronchitis (one year and three year vaccine acceptable), **Bordetella** (one year injectable or six month intranasal dosing), **Giardia** (intestinal parasite) and **Canine Influenza** (which is a new disease similar to **tracheobronchitis** (kennel cough) and may produce a snotty nose with pneumonia. It is **very important** that dogs coughing and/or sneezing not attend DDC until it can be determined if they are contagious or not. We would be happy to examine your best friend for you.
- Vaccines must be given by a licensed Veterinarian and we require a copy for our records. Because we are committed to providing a safe environment for our clients this policy is strictly enforced.

Prices:

Full day rates purchases separately: \$25.00 per day

Prepaid Packages:

- ***Gold Package:** \$180 (10 days @ \$18.00 per day)
- ***Platinum Package:** \$300 (20 days @ \$15.00 per day)
- ***3-5 Days Package:** \$60, 80 or \$100 (At \$20.00 per day)

Half day rates purchased separately: \$15.00 per day

Hours: 6:30 am until 1:00 pm or 1:00 pm until 7:30 pm

***Half day Prepaid Package:** \$120 (10 half days @ \$12.00 per day)

* **If entire pkg. is not used and a refund is requested, days used will be charged at single day prices***

We take every precaution to insure the health and well being of your pet. Please be aware accidents and illnesses still can happen just as they do when human children are in school. If some thing should happen we will immediately notify you and get your instructions. Please ensure that we have current telephone numbers and a way to reach you in the rare event of an emergency. By signing below you acknowledge this risk and accept full responsibility for all medical expenses.

Signature _____ Date: _____

Print Name _____

CA _____ Copy given to client _____