

PET AUTHORIZATION AND TERMS

Dogs Day Out, LLC will exercise all reasonable care and caution to ensure your pet's stay is clean, comfortable and safe. The safety of your pet is our number one focus. The facility and outdoor play areas will be kept clean and sanitary. We will formulate individual plans to ensure your pet gets the proper amount of play, socialization and comfort to fit his/her needs. Boarding pets will eat twice a day and clean water will be available at all times for all guests.

1. All boarding pets must be at least 4 months of age; all daycare pets must be 6 months of age.
2. All pet must be in good health and show no signs of illness such as sneezing, wheezing, coughing, diarrhea, etc. Any pet showing signs of illness will not be checked in.
3. Responsible legal care provider must provide proof of vaccines, from a licensed veterinarian prior to check in; this includes rabies, distemper and bordetella. Vaccines must have been administered a minimum of 3 days before staying here. Influenza is recommended but not required.
4. All pets must be current on heartworm, flea and tick prevention. Any pet showing signs of fleas, Dogs Day Out, LLC will administer a flea bath and a \$20 fee will be charged to the responsible legal care provider.
5. Any dog aggressive towards people will not be allowed at Dogs Day Out, LLC.
6. Any dog showing aggression or extreme nervousness towards other pets will not be allowed to socialize with other pets.
7. Any items left with your pet must be labeled. Food must be in airtight containers or Ziploc bags. We recommend you bring food or we supply food to your pet for \$2 each day.
8. You understand there are risks involved in leaving your pet at our facility. This includes but is not limited to injury, illness, and dog bites. Any injury or illness will be the responsible legal care provider's responsibility and you release Dogs Day Out, LLC of any liability and charges of such events.
9. If you pet becomes ill or injured during their stay, Dogs Day Out, LLC will immediately notify you. The responsible legal care provider will pick up the animal and have their veterinarian provide needed services. The responsible legal care provider will be responsible for all charges associated with the veterinarian care.
10. You understand that any damage or injury caused by your pet is solely the responsible legal care provider's responsibility. Responsible legal care provider assumes all responsibility for the actions of the pet.
11. Pet owner will pay for all services and fees at the time of checking out the pet.
12. The responsible legal care provider must authorize the release of an animal to anyone other than the responsible legal care provider.
13. Any unpaid balances after 10 days of checkout will be submitted to collections with a \$5 a day late fee and any costs incurred to Dogs Day Out, LLC to collect debt.
14. For extended stays, payment must be caught up every two weeks.

15. Any and all collection expenses, including attorney fees, will be paid by the responsible legal care provider.
16. Sumter County is not the owner, but is financially responsible for the terms of the agreement.
17. No pets shall be released to the animal owner without prior approval from Sumter County.
18. Dogs Day Out, LLC shall, at all times, comply with the Florida Public Records Law, the Florida Open Meeting Law and all other applicable laws, rules and regulations of the State of Florida.
19. **IF DOGS DAY OUT, LLC HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO THE VENDORS' DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS AGREEMENT, CONTACT THE CUSTODIAN OF PUBLIC RECORDS AT 352-689-4400, Sumter County Board of County Commissioners, 7375 Powell Road, Wildwood, Florida 34785 or via email at Records@sumtercountyfl.gov.**

I, _____, have read, understand and agree to all the terms listed on the agreement page by Dogs Day Out, LLC. I understand this includes every time we have a pet that visits Dogs Day Out, LLC.

Pets Name: _____

Responsible Legal Care Provider: _____

Responsible Legal Care Provider's Signature: _____

Date: _____