



6719 Lowell Avenue, McLean, VA 22101
 Phone: 703-356-5582 Fax: 703-893-2441
 E-mail: info@odahcenter.com
 Website: www.capitolcanineclub.com

Capitol Canine Club

1 Day: \$34.00 5 Day Package: \$160.00 10 Day Package: \$300.00 30 Day Package: \$840.00 Evaluation: \$25

BEST PHONE NUMBERS TO REACH YOU:

#1 _____ #2 _____ #3 _____
 #4 _____ #5 _____ #6 _____

Additional Services:

Bath (includes nail trim and ear cleaning) Brushing Nail trim Tooth brushing Other _____

MEDICAL SERVICES REQUESTED: (VACCINES WITH AN ASTERISK REQUIRE A PHYSICAL EXAM):

- Update all **required** vaccines, annual test and exam: (*Rabies, *DaPP or *DHPP, Bordetella, *Leptospirosis, CIV and Fecal test)
- Please also update all **recommended** vaccines, annual test and exam: (*Lyme vaccine and Heartworm test)
- Check vaccine and annual test history at _____
- Request Doctor _____ to examine (we may need to substitute a doctor), and treat after requested exam or call before treating.

I give permission to use my dog's name and photographs for social media use. (Your name and information will never be used). Yes No

Release Waiver

I understand that participation in doggie day care is not without risk. Dogs are not always predictable and the unexpected may occur. I hereby waive and release ODAHCenter and its staff from any and all claims related to participation in doggie day care; including injury, financial responsibilities and even death. I further understand that pets can be dismissed from doggie day care at the absolute discretion of the staff of ODAHCenter for any reason.

I further understand and agree that any problems, injuries, and/or illnesses, including intestinal upsets, which may occur and/or develop with my dog while participating in any doggie day care activities will be treated as deemed best by the staff at ODAHCenter, at ODAHCenter's sole and complete discretion. Treatment may include services as necessary to preserve the pet's life and well-being including anesthesia, and I absolve and release ODAHCenter from any loss, expense, or liability arising from the performance of these services. I assume full responsibility for any and all expenses. ODAHCenter will attempt to contact the owner or the owner's representative if a medical care situation arises.

I understand that pets not picked up by close of business will be charged for one day of boarding. I also understand there is a 24 hour cancellation policy for doggie day care. Failure to cancel a reservation with less than 24 hours notice will incur one day's day care charge. All day care packages expire 90 days from purchase. ODAHCenter is not responsible for the loss or destruction of any items left with the pet or staff.

I understand and agree to ODAHCenter's policies and conditions.

Print Pet's Name _____ Print Your Name _____

Signature _____ Date _____

DOGGIE DAY CARE AUTHORIZATION