



CONTACT & RESERVATIONS

 079 529 7125

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 www.yourdogandme.co.za

SERVICE AGREEMENT & INDEMNITY WAIVER

Your Dog and Me Doggy Daycare

1. PARTIES

The Daycare: Your Dog and Me Doggy Daycare, represented by **Tetiana Galkina**.

The Owner: _____ (Full Name)

Address: _____

ID Number: _____ **Tel:** _____

Email: _____

2. SUITABILITY, HEALTH & BEHAVIOURAL WARRANTY

- **Behavioural Warranty:** I understand that the Daycare has relied upon my representation in admitting my dog. I confirm my dog is in good health and has **never** shown aggression or threatening behaviour to any person or dog.
- **Suitability:** It is the Owner's responsibility to satisfy themselves as to the suitability of the facility. By signing, I agree I am satisfied with the conditions offered.
- **Health Warranty:** I agree to the conditions below and warrant that, to my knowledge, the animal/s is/are in a fit and healthy condition.

3. MANDATORY VACCINATIONS & STERILISATION

- **Vaccinations:** Only dogs up to date with all vaccinations are accepted. This **must include the Kennel Cough (Bordetella) vaccine**, completed at least 2 weeks prior to check-in. Valid certificates are required.
- **Sterilisation:** Your Dog and Me Doggy Daycare does **not** accept any unsterilized animals. All dogs must be spayed or neutered.

4. RIGHT TO REFUSE ADMISSION (HEALTH)

- **Unwell Animals:** The Daycare reserves the **absolute right to refuse to accept any dog** that, in the sole opinion of the staff, appears to be unwell, lethargic, or showing symptoms of illness upon arrival.
- **Contagious Conditions:** I agree not to intentionally bring a sick dog to the premises. A qualified veterinarian must confirm recovery from any contagious medical conditions before the dog may return to the Daycare.

5. LIABILITY & DISCRETIONARY CARE

- **Financial Responsibility:** I am solely responsible, financially or otherwise, for any harm or damage caused by my dog to any other dog, human, or property while attending any services provided by the Daycare.
- **Staff Discretion:** I agree that any problems with my dog—**behavioural, medical, or otherwise**—will be treated as deemed best by staff at the Daycare, in their **sole discretion** and in what they view is the best interest of the animal.

6. MEDICAL EMERGENCIES & VETERINARY CARE

- **Authorization:** In an emergency, I authorise the Daycare to seek immediate medical attention. The choice of Veterinarian is at the **sole discretion of the Daycare**.
- **Veterinary Costs:** All medical and veterinary bills are for the **Owner's account**.
- **Primary Facility:** [Northview Veterinary Clinic](#) | 011 678 6782 / 011 568 0729.

7. OPERATING HOURS & STRICT ABANDONMENT

- **Hours:** Monday to Friday ONLY. Drop-off: 07:00–07:30 AM | Pick-up: 04:00–04:30 PM.
- **No Boarding:** This facility **does not provide overnight boarding**.
- **Late Fee:** **R100 per 30 minutes** (or part thereof) after 04:30 PM.
- **2-Hour Abandonment:** If a dog is not collected by 06:30 PM, it will be moved to **Northview Veterinary Clinic** or a boarding facility at the **Owner's expense**.
- **24-Hour Abandonment:** If no instructions are received from the Owner by the following morning, the dog will be handed to the [Randburg SPCA](#) (011 462 1610).

8. PET PROFILE & EMERGENCY CONTACTS

Dog's Name: _____ **Breed/Age:** _____

Medical Conditions / Allergies: _____

Special Care Instructions: _____

Emergency Contact (Name & Number): _____

9. FEE STRUCTURE (PAYABLE IN ADVANCE)

Refunds are not entertained. Prices are for daycare services only.

Package Type	Full Day Rate	Half Day Rate
Monthly (Prepaid)	R2,900	R1,600
Daily (Ad-hoc)	R250	R150
2 Days / Week	R460	R260
3 Days / Week	R630	R360
4 Days / Week	R760	R440
5 Days / Week	R750	R420

10. BANKING DETAILS

Reference: Dog's Name + Owner Surname. **Proof of payment:** 079 529 7125.

- **Account Holder:** Tetiana Galkina | **Bank:** _____
 - **Account No:** _____ | **Branch Code:** _____
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11. SIGNATURES

By signing below, I agree to the rates, the **no-refund policy**, and all **medical, behavioural, and abandonment protocols** stated above.

Owner Signature: _____ **Date:** _____

Representative Signature: _____ **Date:** _____
