

Dog Daycare Enrollment Form

General Information:

Dog's Name: _____ Owner's Name: _____

Address: _____ City: _____ St: _____ Zip: _____

Home#: _____ Work#: _____ Cell#: _____

Email Address: _____

Breed: _____ Male / Female Neutered/Spayed

Vet Clinic: _____ Treating Veterinarian: _____

Emergency Contact Person (other than yourself or spouse): _____

Relationship: _____ Phone #: _____

Who referred you? They get a free day care day (if app) _____

List any known allergies: _____

How often do you think you would like to use the Day Care service? _____

(Minimum one day per week)

Has your dog been enrolled in day care before? Yes No If yes, where? _____

Vaccination/Medical History:

Vaccines & parasite testing done through River Ridge Animal Hospital

Rabies due: _____ DHPP due: _____ Bordetella due: _____

Yearly Heartworm Test last done on: _____

What brand of preventative are you giving?

Heartgard Trifexis Advantage Multi

Other _____

Flea and Tick Medication last dose given on: _____

What brand of preventative are you giving?

Frontline Vectra 3D/Vectra

Advantix Comfortis/Trifexis

Other _____

Fecal Flotation Exam last done on: _____

Describe any medical/health issues we need to be aware of (i.e. seizures, heart/hip problems, etc.): _____

Anything contagious? Yes No If yes, what and when: _____

Microchip number: _____

Dog Profile:

How long has your dog been in your family? _____

Where did you get your dog? _____

If adopted, do you have any knowledge of your dogs past history? _____

How many people are there in your family?

Adult: _____ Male: _____ Female: _____

Children: _____ Male: _____ Ages: _____ Female: _____ Ages: _____

Has your dog had any obedience training? Yes No
 If yes, to what level and/or activity? _____
 Do you use a crate? Yes No
 If yes, are they comfortable in the crate? Yes No
 Is your dog comfortable with having his/her feet touched? Yes No Don't know
 Is your dog comfortable with having his/her collar used to lead? Yes No Don't know
 Has your dog ever climbed or jumped a fence? Yes No Don't know
 Has your dog ever growled or snapped at anyone who's touched his/her bones, food or toys? Yes No Don't know
 Does your dog play with other dogs on a regular basis? Yes No
 If yes, would you say he/she plays nicely? Yes No Comments: _____
 Does your dog prefer certain sexes of dogs? Yes No If yes, which sex? _____
 Does your dog automatically dislike any kind of dog? Yes No If yes, what kinds? _____
 How does your dog react to puppies? Happy to see them Go away
 I don't like you Indifferent to them
 How does your dog react to strangers? Happy to see them Go away
 I don't like you Indifferent to them
 Does your dog automatically dislike any kind of person? Yes No If yes, what kinds?

Describe any behavioral problems/idiosyncrasies/special sensitivities we should be aware of:

IF ANY OF THE ABOVE INFORMATION CHANGES, PLEASE NOTIFY US IMMEDIATELY!

For Office Use Only:

Vaccine information verified Date: _____ Initials: _____

Temperament Testing Date: _____

Results of testing: _____

Comments / Concerns: _____

Signature: _____

Approved: Yes _____ No _____

Rules & Regulations

To ensure the safety and health of all animals, customers and staff at River Ridge Animal Hospital, we require all clients to comply with the following Rules and Regulations:

SEX: All dogs must be spayed or neutered (unless they are under 6 months of age).

SHOTS: All dogs must have up-to-date vaccinations. Parents must submit written verification that their dogs have current DHPP, Rabies and Kennel Cough vaccinations. *Specifically the vaccines required are Distemper, Hepatitis, Parainfluenza, Parvovirus, Rabies and Bordetella. You will receive reminders when vaccinations are due. It is your responsibility to provide on-going verification of current vaccinations.*

HEALTH: All dogs must be in good health. *Parents will need to certify that their dogs are in good health and have been free from any condition that could potentially jeopardize other guests. **Dogs who have been ill with a communicable condition in the last 30 days will require veterinary certificate of health to be admitted or readmitted.*** If, at any time during care, a dog is noticed to have fleas or ticks, treatment will be applied and charged to the parent at the minimum rate of \$25.00. All dogs will be examined for signs of fleas and ticks at check in and **will not** be admitted to day care if fleas or signs of fleas or ticks are noticed. This “spot check” is not a foolproof process, therefore, we highly recommend a flea and parasite preventative, **excluding flea/tick collars**. Product suggestions: Frontline, Trifexis/Comfortis, Advantix, or Vectra/Vectra 3D.

COLLARS: Required with nametags. **RETRACTABLE LEASHES** are not allowed.

FOOD: All food brought to the River Ridge Animal Hospital Doggy Day Care facility must be stored in a labeled airtight/rodent proof container.

BEHAVIOR: All dogs must pass the River Ridge Animal Hospital Doggy Day Care Proprietary Behavior Assessment for enrollment in our program. All dogs must be non-aggressive and not food or toy protective. *Parents will need to certify that their dog(s) have not harmed or shown any aggressive or threatening behavior towards any person or any other dog(s). Please remember that your pet will be spending time with other pets and that their safety and health is our main priority. **Keep in mind, although it is supervised play, your dog still might acquire an occasional nip or scratch.***

AGE: Any age dog/puppy is allowed at River Ridge Animal Hospital Doggy Day Care facilities as long as the dog/puppy meets the Facility’s criteria. Puppies may begin a River Ridge Animal Hospital Doggy Day Care program before they receive their Rabies vaccine and before they are spayed/neutered, as long as both will be taken care of by 6 months of age.

ENROLLMENT: All dogs must have a complete, up-to-date and approved enrollment form on file and commit to program participation at least every two weeks (more frequent visits are better for the social structure of the group). If this commitment is not met, your dog may be required to under-go a re-assessment and fees may apply. If your dog has been out of day care for two months or more, re-assessment is required and fees will be applied. **ALL REQUIRED FORMS MUST BE SIGNED BY PARENT BEFORE ENROLLMENT.**

FEES: Due and payable at drop off. Cash, check or MasterCard/Visa/Discover are accepted. Discounted packages are provided only if they are paid in advance. Pre-paid packages are non-refundable. Our program is flexible enough to accommodate reasonable special needs requests; however, appropriate fees will be applied.

HOURS OF OPERATION: Monday through Friday from 8:00 a.m. to 5:15 p.m. Drop off by 9am and pick up any time after noon. *River Ridge Day Care facility close at 5:15 p.m. M-F. Late charges of \$2.50 per every 15 minutes will be applied.*

RESERVATIONS: Required. *As a courtesy to other clients, please cancel by 5:30 p.m. one business day prior to the scheduled day care day.*

Owner's Signature: _____

Rules and Regulations are subject to change at any time without notification

Client Agreement for River Ridge Doggie Daycare

I request that my dog(s), _____, be accepted into the River Ridge Doggie Day Care, offered by this River Ridge Animal Hospital[®] (the "Facility"). In accepting my dog(s) into the programs, I acknowledge that the Facility will be relying on my understanding and agreement with the provisions of this Agreement. I understand and agree that **(read and initial each item below)**:

- _____ Every dog reacts differently and animals, by nature, are unpredictable and, therefore, present a certain level of risk. I acknowledge and understand that there are certain risks involved in participating in day care or boarding and in owning, training, caring for, handling and being in the presence of dogs, including but not limited to injuries to people, property and animals resulting from dog fights, dog bites to humans or other dogs and the transmission of disease.
- _____ Dogs not familiar with the Facility may experience separation anxiety when apart from their human companions.
- _____ Dogs not regularly exposed to the level of activity at the Facility may feel the discomfort of sore muscles, sore joints and fatigue, and dogs not regularly exposed to outside activity or play on hard surfaces may experience sore paws, blisters, bruises or abrasions on the feet (Raw Paw).
- _____ Dogs not regularly socialized do not necessarily know how to behave politely with other dogs. These dogs are at higher risk of incidents including, but not limited to, bites, fights, fear aggression, object guarding, behavior problems and/or acting out.
- _____ Dogs at play during the regular day care get dirty. Dogs with longer hair can get matted from the level of activity at day care. Baths and brush outs can be requested and scheduled for an additional charge. Excessively long toenails may cause injury. I will be notified if my dog's nails are too long. If, at my next visit, the nails have not been trimmed, the Facility will have them trimmed at my expense.
- _____ There are extra risks to my puppy of contracting disease or illness by entering the day care or boarding program without being fully vaccinated.
- _____ Water is available at all times; however, my dog may still be thirsty after day care. I will be aware of their water intake as excessive amounts may cause an upset stomach or other problems.
- _____ Dramatic changes in food and/or food quality may cause upset stomachs, diarrhea, and/or colitis. Increases to activity and/or exposure to new situations may also cause these problems.
- _____ Any behavior deemed dangerous or inappropriate by Facility personnel may result in dismissal of my dog(s) from the programs.
- _____ I must pay for all services at the time they are rendered. I understand any unpaid fees by me will be sent to collections, and I will be responsible for all collections and legal fees incurred by such actions taken.
- _____ In admitting my dog(s) into the Facility, the Facility has relied on my representation that my dog(s) is/are in good health, has/have not been ill with any communicable disease within the last 30 days and has/have not harmed or shown aggressive or threatening behavior towards any person or any other dog.
- _____ I understand and agree that any health problems which develop with my pet will be treated as deemed best by the staff at River Ridge Animal Hospital at their discretion, until I can be reached, and that I assume full financial responsibility for any and all expenses involved.

Client Agreement

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____ Photographs, videotape or digital recordings are taken of the facility, dogs, customers and staff on a regular basis for, among other things, use in advertising by River Ridge Animal Hospital. I acknowledge that all such images (electronic, negatives and positives), together with prints and the copyrights therein, are the property of River Ridge Animal Hospital. I give River Ridge Animal Hospital and persons authorized by River Ridge Animal Hospital my consent, permission and authorization, without compensation to me, to use, reproduce and alter the images, in print or electronic format (including on the internet), either alone or in combination with other images, text and graphics. I waive my right to approve the finished photograph, advertising copy, print material or electronic files that may be used in conjunction with the images. I represent that I am at least 18 years of age and acknowledge that the rights granted in this paragraph are irrevocable, worldwide and perpetual, and are binding on my heirs, successors and assigns.

I certify that I have read and understand the policies of the facility as set on the preceding pages and that I have read and understand the conditions and statements of this Agreement, including the following:

- The facility is open for daycare Monday through Friday from 8:00am until 5:15pm.
- All pets need to be current on Rabies, DHPP, and Bordetella and be spayed or neutered.
- All pets must be temperament tested prior to beginning group play.
- All pets attending daycare need to be dropped off by 9:00am and picked up before 5:15pm. Additional fees apply for late pick up.

Signature: _____ Print Name: _____

Address: _____ Phone: _____

Date: _____