

Date: \_\_\_\_\_



# Application Packet

## Customer Information

Name: \_\_\_\_\_ Dog's Name(s): \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Is this person the decision maker if we cannot reach you? YES NO

## About Your Dog

Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Spayed/Neutered: YES NO

Approx. Age: \_\_\_\_\_ Doggie's Birthday: \_\_\_\_\_

Weight: \_\_\_\_\_ lbs.

Color: \_\_\_\_\_

## Medical Information

Veterinarian Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

City/State: \_\_\_\_\_ Vet's Name: \_\_\_\_\_

Does your dog take any medications regularly? YES NO

(If yes, please list medications/dosage/reason)

Does your dog have any known allergies? \_\_\_\_\_

Has your dog ever had major surgery? (If yes, please explain)

Does your dog have any chronic ailments? \_\_\_\_\_

**\*ALL DOGS AT DAY PAWS REQUIRE UP-TO-DATE RABIES, BORDATELLA AND DHLPP VACCINATIONS AND REGULAR FLEA AND HEARTWORM PREVENTION\***

### **History/Lifestyle**

How often/much does your dog eat everyday? \_\_\_\_\_

Type of food: \_\_\_\_\_ Special feeding instructions: \_\_\_\_\_

Where did you get your dog? \_\_\_\_\_ When? \_\_\_\_\_

What age was your dog when you got him/her? \_\_\_\_\_

Where does your dog sleep? \_\_\_\_\_ Do you use a crate? YES NO

Has your dog ever had any formal training? (If yes, type and date) \_\_\_\_\_

Does your dog know any commands? (If yes, please explain) \_\_\_\_\_

Has your dog ever been to a dog park? YES NO How often? \_\_\_\_\_

Which park? \_\_\_\_\_

How does your dog greet new people?

\_\_\_\_\_

How does your dog greet new dogs?

\_\_\_\_\_

What size dog does your dog normally play with? (Circle all that apply): SMALL MEDIUM LARGE

Has your dog ever bitten another dog or person? (If yes, please explain) \_\_\_\_\_

\_\_\_\_\_

Personality quirks (check all that apply)

Dog aggressive

Stool eater

Runs away

People aggressive

Fence jumper

Shy

Toy possessive

Sep. Anxiety

Barker

Escape artist

Picky eater

Rowdy

Jumps on people

Marker

Chews

Where did you hear about Day Paws? \_\_\_\_\_

Any additional things you'd like us to know about your dog?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**AGREEMENT AND RELEASE:**

**Day Paws Doggie Daycare**, its owner, employee(s), representative(s) or any other person(s) affiliated with the company shall hereinafter be referred to as “**DAY PAWS.**”

Although we watch the dogs carefully, and **do not** take aggressive dogs, day care can be potentially hazardous due to dogs playing together. They get rambunctious at times and we cannot be held responsible for injuries that may occur in and out of the daycare including the transporting of animals.

By signing this form, you or your representative(s) \_\_\_\_\_ (print name) shall hereinafter be referred to as “**CLIENT,**” and agree not to hold “**DAY PAWS**” liable for any injuries to your dog(s) \_\_\_\_\_ (print name) while in the care of “**DAY PAWS.**”

- \_\_\_\_ 1. I agree that I am solely responsible for any items that my dog has damaged during their stay at *Day Paws*.
- \_\_\_\_ 2. I understand that any problem, including but not limited to injury, illness or death, that occurs while on our premises, my dog(s) will be treated as deemed best by the staff of *Day Paws*, in their sole discretion, and that I assume full financial responsibility for any and all expenses involved.
- \_\_\_\_ 3. I understand and agree that the *Day Paws* and its staff are not liable for any problems and I release them from any liability, provided that ethical care precautions are followed.
- \_\_\_\_ 4. I understand the hours of *Day Paws* and if I fail to pick up my dog he/she will be fed and boarded for the night, and I will be charged thusly.
- \_\_\_\_ 5. I have read the rules and regulations and agree to abide by them.
- \_\_\_\_ 6. I accept all terms and statements of this agreement and release

If a medical emergency were to occur to your dog while on our premises and we cannot contact you or your emergency contact, do we have permission to use the animal hospital of our choice or mobile vet of our choice? \_\_\_\_\_

By signing this form, you acknowledge that you understand and accept the terms and conditions set forth by this agreement.

**CLIENT Name (print):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**DAY PAWS Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

## Animal Medical Power of Attorney

*Day Paws Doggie Daycare will make every effort to contact you in the event of a medical emergency involving your pet. However, if we should be unable to reach you, we will need formal authorization to request care for your pet on your behalf. Please review the following Animal Medical Power of Attorney, and if acceptable, sign below.*

I, the undersigned owner, hereby designate \_\_\_\_\_ to act as my attorney-in-fact and to act in my name for the emergency medical benefit of my pet upon the terms and conditions outlined below.

- 1. Effectiveness.** The Animal Medical Power of Attorney shall become effective in the case of medical emergency requiring immediate care for my pet during my absence or if deemed necessary to preserve the life or well being of my pet.
- 2. Powers.** By the execution of this Animal Medical Power of Attorney, it is my intention that my attorney-in-fact shall have authority to make all emergency healthcare decisions for my pet to the same extent I would, including but without limitation, the following: to employ and discharge medical personnel; to execute documents; to provide written consents/releases for treatment; to obtain and administer prescribed medications; and to incur reasonable and necessary fees and costs in carrying out the powers and duties under this document that shall be reimbursed by me upon my demand by DAY PAWS.
- 3. Indemnification.** I shall hold harmless and indemnify my attorney-in-fact from all liability for acts done in good faith.

### Assumption of Risk, Release and Indemnification

- 1. Assumption of Risk.** I understand and acknowledge that pets can be extremely unpredictable in behavior and while Day Paws performs its services, the chance of injury to my pet is possible. I assume all risks related to Day Paws' services to my pet (with the exception of gross negligence of Day Paws), including but not limited to: illness, bodily injury; death; theft; bites; collisions with vehicles; natural disasters; the unavailability of emergency medical care; or the negligence or deliberate acts of third parties.
- 2. Release of Liability.** I agree not to sue and to release from liability DAY PAWS, its officers, owners, agents, employees and other persons or entities involved with the services offered by DAY PAWS, from all actions claims or demands for injury, loss or damage regardless of the cause.
- 3. Indemnification.** I understand and acknowledge that pets can be extremely unpredictable in behavior and may cause damage to third parties for which DAY PAWS could be held liable. I agree to bear any and all damages, losses, liabilities, demands and expenses, including legal and professional fees DAY PAWS may incur as a result of any damage caused by my pet, and I agree to defend, and hold DAY PAWS harmless for any liability thereon.

**IT IS THE INTENTION OF THE PARTIES TO THIS AGREEMENT THAT THE FOREGOING RELEASES SHALL BE EFFECTIVE AS A BAR TO ALL ACTIONS, FEES, DAMAGES, LOSSES, CLAIMS, LIABILITIES, DEMANDS OR DEBS WHATSOEVER, OF ANY NATURE OR KIND, KNOWN OR UNKNOWN, SUSPECTED OR UNSUSPECTED, ARISING OUT OF THE PERFORMANCE OF DAY PAWS' SERVICES. THE PARTIES TO THIS AGREEMENT EXPRESSLY CONSENT THAT THIS RELEASE SHALL BE GIVEN FULL FORCE AND EFFECT IN ACCORDANCE WITH EACH AND ALL OF ITS EXPRESS TERMS AND PROVISIONS.**

I understand that this Agreement contains an Animal Medical Power of Attorney, release of liability and contract between DAY PAWS and me and I am signing this agreement of my own free will. If any part of this Agreement is deemed unenforceable, all parts shall be given full affect to the extent possible. If there is a dispute between the parties relating to this Agreement, the party substantially prevailing will be entitled to recover all costs and expenses of any subsequent proceedings (including trial, appellate and arbitration proceedings), including the attorney fees incurred therein. This Agreement contains the complete understanding of the parties with respect to the subject matter hereof and supersedes all prior presentations and understandings, whether oral or written. This Agreement may be modified only by writing and signed by both parties.

Owner/Client Signature: \_\_\_\_\_

Date:

\_\_\_\_\_

Thank you for choosing Day Paws Doggie Daycare!

We can't wait to have you as a member of our pack. 😊