

DOG DAYCARE APPLICATION FORM

Your Name: _____

Address: _____ City, _____ Zip, _____

Home Phone (____) _____ - _____ Cell (____) _____ - _____

Email Address: _____

Emergency Contact:

Name: _____

Home Phone (____) _____ - _____ Cell (____) _____ - _____

Veterinarian:

Name: _____ Phone (____) _____ - _____

Address: _____ City, _____ State, _____ Zip, _____

How did you hear about us? _____

Pet Information

Name: _____ Sex: M / F Spayed/Neutered/unaltered

Age: _____ Birthday: _____ Breed: _____ Weight: _____

Are there any health concerns, restrictions, allergies or medications with your dog(s) that we should be aware of?

If rescued, what do you know of his/her prior history?

Has your dog every participated in play at a dog park? Y / N

Please describe your dog's overall temperament with people and other dogs:

Has your dog ever bitten a person? Y / N

If yes describe: _____

Has your dog ever been in a fight or bitten another dog? Y / N

If yes describe: _____

Does your dog have any listed behavioral issues we should be aware of?

- Coprophagic (poop eater)
- Digger
- Jumper
- Excessive Barking
- Excessive Marking
- Excessive Mounting
- Food Possessive
- Toy Possessive
- Separation Anxiety
- Other

Please describe:

Is your dog housebroken or crate trained? Y/N

Has your dog ever received any formal training? Y / N

If so, are there any special commands we should be aware of?

Does your dog receive flea and tick preventative? Y / N

Is there anything else that you believe we should know about your dog?



Pet Care Agreement

Please read and initial the following

___ I understand that in admitting my dog for services at All Access Doggy Daycare, they have relied upon my representation that my dog is in good health and has not injured or shown aggression or threatening behavior to any person or dog.

___ I further understand that All Access Doggy Daycare, their owners, staff, partners and volunteers, will not be liable, financially or otherwise, for injuries to my dog, myself or any property of mine while my dog is participating in services provided.

___ I further understand and agree that any problems with my dog; behavioral, medical or otherwise, will be treated as deemed best by staff at All Access Doggy Daycare in their sole discretion, and in what they view as the best interest of the animal. I understand that I assume full financial responsibility and liability for any and all expenses involved regarding the behavior and health of my dog.

___ I further understand that there are risks and benefits associated with group socialization of dogs. I agree that the benefits outweigh the risks and that I accept the risk. I desire a socialized environment for my dog while attending services provided by All Access Doggy Daycare. I understand that while the socialization and play is closely and carefully monitored to prevent injury, it is still possible that during normal play my dog may receive minor nicks and scratches from roughhousing with other dogs. Any injuries to my dog will be pointed out by staff upon pick-up.

___ I understand and hereby agree to allow All Access Doggy Daycare to take photographs or use images of my pet in print form or otherwise, for publication and/or promotion when allowing my dog to participate in services offered by All Access Doggy Daycare

___ I understand that if my dog is not picked up by the end of business hours, I hereby authorize All Access Doggy Daycare to take whatever action is deemed necessary for the continuing care of my dog. I further Understand I will be responsible for any charges accrued due to my failure to pick up my dog. If I do not pick up my animal within 1 week or more past their scheduled service time without contact or arrangements, my dog will be considered abandoned and All Access Doggy Daycare will proceed according to the guidelines provided by The Revised Code of Washington 16.54 RCW Abandoned Animals.

Signature of Owner _____ Date _____

Printed Name _____



Daycare Guidelines

Please read and initial the following

___ All dog's must pass our meet and greet screening process before attending. This gives us a chance to ensure that all dogs that come to play with us are a good fit for this type of environment. The screening process will take approximately 1 to 2 hours. During the process we will slowly introduce your dog to our daycare group and our daycare routine. If your dog responds well to our daycare environment, then he or she is welcome to join our pack.

___ For you and your dog's safety, you are not allowed to enter the transition or daycare area under any circumstances. We strictly enforce this rule.

___ Male dogs must be neutered by 6 months of age, and no later than 8 months. We do make exceptions for Vet.

Female dogs must be spayed after their first heat cycle. For the safety of all our dogs, we do not allow in heat females at our facility.

___ All dogs must have proof of vaccinations.

___ Only designated contacts approved by you may pick up your dog. We will not release your dog to anyone not approved. Identification will be required upon pick up.

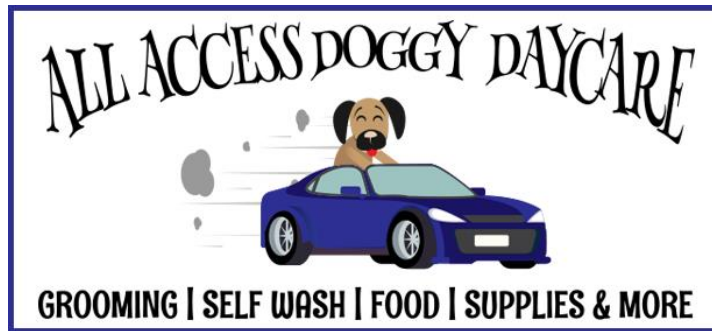
___ We ask that you do not bring any personal items for your dog during his or her daycare stay, it prevents any potential conflict.

___ We will administer any provided food and/or medications during the daycare stay if you have filled out the food and/or medication slip at drop off.

___ Daycare pick up time is by 7:00 pm Monday thru Friday and by 6:00 pm on Saturday. If you do not arrive by these times you will be charged a late fee. We understand things happen and we are all late at one point or another, but all our staff have families and busy schedules of their own.

Signature of owner _____ Date _____

Printed Name _____



ALL ACCESS DOGGY DAYCARE MEDICAL RELEASE FORM

This is a required form for every All Access Doggy Daycare participant receiving services. First and foremost, the safety and wellbeing of your dog(s) is of the utmost importance. Insuring that your dog remains safe and well cared for is our first responsibility and as such we take it very seriously. We do our best to have our pet parents screen for pre-existing health conditions, but some factors may be beyond our control. If a medical emergency arises while your dog is at our facility or participating in a service that we provide, it is imperative that we are immediately able to get them medical treatment at the closest available facility. We will call ahead to the veterinary offices in closest proximity geographically to us to insure they can handle the emergency present. Your dog will be rushed to the closest available facility for treatment and you, the owner, will be notified after we have secured a medical treatment center for your dog. Our goal is to get your dog medical attention as quickly and humanely as possible.

I understand that in the event of a medical emergency, that All Access Doggy Daycare will use sole discretion deemed necessary for the immediate attention of a licensed veterinarian. I authorize All Access Doggy Daycare to seek medical attention at the closest available veterinary facility. I further agree that I am financially responsible for any medical treatment my dog(s) may receive as a result of a medical emergency while attending services provided by All Access Doggy Daycare.

Signature of Owner _____ Date _____

Printed Name _____