



DOG DAYCARE AGREEMENT

Owner's Name: _____

Address: _____

Street/PO Box

City/State

Zip

Home Phone#: _____ Cell Phone: _____

Cell Phone (2): _____ Work Phone: _____

E-Mail: _____ Preferred Method of Contact: _____

What is the main reason you have chosen daycare for your dog: _____

Emergency Contacts While In Daycare:

Name: _____ Phone: _____

Pet Information:

Pet Name: _____ Breed: _____ Color: _____ Age: _____

Weight: _____ Sex: M or F Age When Spayed or Neutered: _____

Veterinary Office: _____ Phone Number: _____

Medical History:

Does your dog have any known Allergies: YES or NO If YES Please Explain: _____

Does your dog have any special dietary Restrictions: YES or NO If YES Please Explain: _____

Does your dog regularly take any medications: YES or NO If YES Please Explain: _____

Does your dog have any past injuries or current conditions: YES or NO If YES Please Explain: _____

Are there any physical problems or disabilities which may affect them in daycare? _____

Is your dog on any flea / tick / heartworm prevention plan YES or NO

Social History:

What other types of pets are in your home: _____

Does your dog run free in the home? YES or NO _____

Does your dog run free in a fenced in yard? YES or NO _____

Has your dog ever been in a social playgroup before? DAYCARE OR DOGPARK Other: _____

Does your dog play off leash with other dogs: YES or NO _____

Does your dog exhibit any of these behaviors: GROWLING HIDING NIPPING OTHER _____

If so what prompts these behaviors: _____

Behaviors:

Rate your dogs energy level "1" being very mellow and "10" being extremely energetic: _____

Is your dog possessive of any food, snacks, toys, and/or objects: YES NO If yes what? _____

Has your dog ever growled or snapped at anyone for taking toys or food away: YES NO If YES who and under what circumstances: _____

How does your dog react when strangers approach your home, yard, or out in public? _____

Has your dog ever shown any aggressive behaviors towards people: YES NO If YES who, and under what circumstances _____

Does your dog prefer MEN WOMEN OR BOTH

Has your dog ever bitten someone: YES NO IF YES please explain: _____

Has your dog ever bitten another dog: YES NO IF YES please explain: _____

Is your dog afraid of any other types of dogs: _____

How does your dog react to small dogs and/or puppies: _____

Does your dog prefer to play with other same sex dogs or any and all dogs: _____

Has your dog ever jumped over a fence before: YES NO If YES how high: _____ Feet

Does your dog try to escape: YES NO If YES please explain: _____

Does your dog have any sensitive areas on their body: YES NO If YES where: _____

Does your dog have separation anxiety: YES NO IF YES how is it dealt with: _____

Training Information::

Has your dog attended any training classes: YES NO If YES what kinds: _____

Is your dog crate trained: YES NO If YES what type of crate: _____

Has your dog ever been on agility equipment: YES NO If YES what type of equipment: _____

Are There Any Other Concerns Not Discussed On This Form That You May Want The Staff To Know:

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Veterinary Treatment:

In the event your dog becomes ill while in the care of Cape Cod Pet Resort, we will attempt to contact you. If you are not available, we will attempt to contact your veterinarian. Should your dog require veterinary attention and the times exists to safely transport your dog to your regular veterinarian, we will do so . However, in an emergency, we may take your dog to the Falmouth Animal Hospital or a nearby veterinary emergency clinic. It is understood that all expenses incurred due to your dogs illness or accident must be paid in full at the time you pick up your dog from the Cape Cod Pet Resort. We will not bill you or accept partial payments.

I, _____, authorize Cape Cod Pet Resort and it's representatives to obtain medical treatment in the event of an illness or accident for the following canine: dog's name: _____ and breed type: _____.

I give the attending veterinarian permission to start medical treatment. In the event that the medical expenses are likely to exceed \$_____, I request that a Cape Code Pet Resort representative, or the attending veterinarian, contact me before any further treatment is done. I agree to reimburse Cape Cod Pet Resort for any and all expenses incurred for the medical treatment of my dog.

Signature: _____ Date: _____

Previous Bite History - PLEASE Complete part A or B:

A. To the best of my knowledge my dog named: _____ and breed type _____ HAS NEVER bitten (broken the skin) any person and has no record with the city government or animal control of a dog attack.

B. The following dog named: _____ and breed type _____ HAS bitten a human. Please describe in detail the circumstances that surrounded the incident (attach separate sheet if needed)

Policy and Disclaimer:

I/We agree to hold Cape Cod Pet Resort, its members, directors, officers, agents, and owner or lessor of the premises and any employees of the aforementioned parties, harmless from any and all claims for loss or injury which may be alleged to have been caused directly or indirectly to any person or thing by the act of my dog and I/We personally assume all responsibility and liability for any such claim and I/We further agree to hold aforementioned parties harmless from any claim for loss of my dog by disappearance, theft, death, or otherwise and from any claim or damage or injury to the dog whether such loss, disappearances, theft, damage, injury, or be caused or alleged to be caused by the negligence of the organization or any of the parties aforementioned, or by the negligence of any persons / person, or any other cause or causes. I/We assume the sole responsibility for and agree to indemnify and save the aforementioned parties harmless from any and all loss and expense (including legal fees) by reason of liability imposed by law upon any of the aforementioned parties for damage because of bodily injuries, including death at any time resulting there from or sustained by any person or persons, including myself (ourselves), howsoever such injuries, death or damage to property may be caused and whether or not the same may have been caused or alleged to have been caused by the negligence of the aforementioned parties or any of their employees, agents, trainers, or any other persons. I will not charge Cape Cod Pet Resort or representatives with punitive damages. I certify that I am the actual owner of the dog, or I am the duly authorized agent of the actual owner whose name I entered above. I have read and understand all of the statements in this agreement and agree to be bound in the above agreements. I agree to meet all of the financial requirements.

Signature: _____ Date: _____

Printed Name: _____ Dog' Name: _____