Daycare/Boarding Enrollment Form

We want your dog to love coming to our daycare and boarding. No one knows your dog better than you. So, we'd appreciate you taking the time to fill out this application. The more we know about your dog, the better care we can provide.

We do NOT accept dogs that are dog/people aggressive for daycare or boarding.

At this time we only enroll dogs 50# and under.

Proof of vaccinations must be received BEFORE your dog's arrival. No dog will be allowed to stay if we do not have current shot records. They must be done within one year of stay. Proof of a yearly exam by your vet is required.

Vaccinations required: Bordetella, DHPP, Rabies and Kennel Cough.9

All questions on the enrollment form are required.

**Enrollment Form** 

ARE YOU APPLYING TO DAYCARE OR BOARDING?

O Daycare
O Boarding
O Both
NAME
First
Last
EMAIL
CELL PHONE
HOME PHONE
ADDRESS
Line 1
Line 2
City
State
Zip Code



Dunny Love Doggie Dovers	0.0
Puppy Love Doggie Daycare 425-483-0302	200
EMERGENCY CONTACT	
EMERGENCY CONTACT PHONE	~~
VETERINARIAN	2002
VETERINARIANS PHONE	
VETERINARIANS ADDRESS	
HOW DID YOU HEAR ABOUT US?	00
	700
DETAILS ABOUT YOUR DOG	$\sim$
O DOGS NAME *	$\sim$
O BREED *	700
O COLOR *	
O AGE *	
HOW LONG HAVE YOU OWNED YOUR DOG?	-00-
GENDER	0~0
GENDER	( )
O Male	$\sim$
O Female	700
SPAYED OR NEUTERED?	
O Yes	
O No	
WHERE DID YOU GET YOUR DOG?	-00
WHAT KNOWLEDGE DO YOU HAVE OF YOUR DOGS PAST?	
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WHICH BEST DESCRIB	ES YOUR DOGS LEVEL OF SOCIALIZATION?
O None -	No knowledge of other dog interactions
O Minima	al - On leash encounters only
O Moder	rate - Some off leash playtime
O Extens	ive - Regular visits to dog socials, off leash park, dog daycare, etc.
HAS YOUR DOG HAD	ANY PREVIOUS PROBLEMS IN AN OFF-LEASH SOCIAL ENVIRONMENT?
O Yes	
O No	
IF YOU ANSWERED YE	ES, PLEASE EXPLAIN BELOW:
DOES YOUR DOG TOL	ERATE SHARING TOYS OR FOOD WITH OTHER DOGS?
O Yes	
O No	
IF NOT, PLEASE EXPLA	AIN THEIR REACTION BELOW:
HOW DO THEY REACT	TO THEIR FOOD OR TOYS BEING TAKEN FROM THEM?
O No reaction	
O Growls or sna	ps
HOW DOES YOUR DO	G REACT TO STRANGERS?
HAS YOUR DOG EVER	CLIMBED OR JUMPED A 4-FOOT FENCE TO ESCAPE?
O Yes	
O No	



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HAS YOUR DOG EVER DUG UNDER A FENCE TO ESCAPE?
O Yes
O No
IS YOUR DOG CRATE TRAINED?
O Yes
O No
IS YOUR DOG HOUSE BROKE?
O Yes
O No
IS THERE ANY TYPE OR BREED OF DOGS THAT YOUR DOG AUTOMATICALLY FEARS OR DISLIKES?
O Yes
O No
IF YOU ANSWERED YES, PLEASE EXPLAIN BELOW:
HAS YOUR DOG EVER BITTEN ANOTHER DOG?
O Yes
O No
IF YOU ANSWERED YES, PLEASE EXPLAIN WHAT HAPPENED BELOW:
ARE THERE ANY PARTICULAR TYPES OF PEOPLE YOUR DOG SEEMS TO AUTOMATICALLY FEAR OR DISLIKE?
O Yes
O No
IF YOU ANSWERED YES, PLEASE EXPLAIN BELOW:

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HAS YOUR DOG EVER BITTEN A PERSON?
O Yes
O No
IF YOU ANSWERED YES, PLEASE EXPLAIN WHAT HAPPENED BELOW:
HAS YOUR DOG BEEN THROUGH OBEDIENCE CLASS?
O Yes
O No
PLEASE LIST ALL COMMANDS THAT YOUR DOG KNOWS:
DOES YOUR DOG HAVE ANY ALLERGIES?
O Yes
O No
IF YES, WHAT ARE THEY ALLERGIC TO:
DOES YOUR DOG HAVE ANY MEDICAL CONDITIONS?
O Yes
○ No

IF YOU ANSWERED YES, PLEASE EXPLAIN:



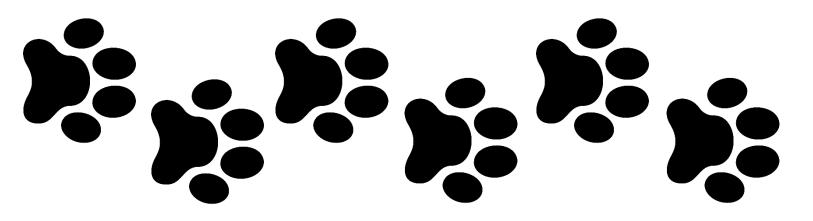
## O Couch Potato: Mostly spends days sleeping, occasional walks or playtime O Mild Exercise: Requires short daily walks or regular playtime O Moderate Exercise: Requires long / multiple walks daily or regular playtime Athlete: Requires jogs / runs or participation in a sport activity DOES YOUR DOG HAVE ANY ISSUES IN THE FOLLOWING AREAS? O Separation anxiety O Digging / Escaping O Barking O Bolting out doorways O Eating foreign objects O Have not seen any of the behaviors IF YOU HAVE SELECTED AN ISSUE, PLEASE DESCRIBE WHAT YOUR DOG DOES: HOW DOES YOUR DOG REACT TO ANOTHER DOG APPROACHING THEM? O Passive O Aggressive O Neutral IS YOUR DOG FRIGHTENED OR NERVOUS OF ANYTHING? O Yes O No IF YOU ANSWERED YES, DESCRIBE THE TYPICAL BEHAVIOR AND WHAT HELPS THEM CALM DOWN?

PLEASE SELECT WHICH ONE BEST DESCRIBES YOUR DOGS OVERALL NEEDS OF EXERCISE:

## CHOOSE WHICH BEST DESCRIBES WHY ARE YOU CONSIDERING OUR PROGRAM?

O Improve socialization
O Not home alone
O Exercise
O Recommended by another pet professional (Trainer, Vet, ect.)
CHOOSE WHICH BEST DESCRIBES YOUR DOGS PLAY STYLE: *
O Easy going short games
O Wrestle / Chase
O Rough / Non-stop play
O Alpha / Wants to be in charge

Please list below any other pertinent information you feel we need to know about your dog.



THIS AGREEMENT CONSTITUTES PERMISSION TO CARE FOR SAID ANIMAL AND PERFORM DUTIES AS STATED IN THE RELEVANT PET INFORMATION SHEET. ANY CHANGES TO THIS AGREEMENT MUST BE DONE SO IN WRITING OR THEY WILL BE NULL AND VOID. PUPPY LOVE HAS THE RIGHT TO MAKE ANY CHANGES TO THIS AGREEMENT AT WILL AND WITHOUT NOTICE. WITH ANY CHANGES A NEW AGREEMENT WILL BE PRESENTED BEFORE ANY NEW SERVICES ARE RENDERED. POLICIES AND PROCEDURES

THE CLIENT HERETO AGREES AS FOLLOWS:

- \* ALL DOGS WHETHER BOARDING OR IN DAYCARE OR ARE OTHERWISE HANDLED OR CARED FOR BY PUPPY LOVE WITHOUT LIABILITY ON PUPPY LOVE PART FOR LOSS OR DAMAGE FROM DISEASE THEFT FIRE DEATH RUNNING AWAY INJURY OR HARM TO PERSONS OTHER DOGS OR PROPERTY BY SAID DOG OR OTHER UNAVOIDABLE CAUSES UNLESS ARISING FROM GROSS NEGLIGENCE ON THE PART OF PUPPY LOVE
- \* THE CLIENT UNDERSTANDS THAT ALL PETS MUST HAVE A VETERINARIAN AND MUST BE CURRENT WITH ALL VACCINATIONS. VACCINATIONS MUST BE GIVEN FAR ENOUGH IN ADVANCE TO BE EFFECTIVE. WE SUGGEST TWO WEEKS. PLEASE BRING VACCINATION RECORD WITH YOU BEFORE OR DURING ADMISSION OR PETS WILL NOT BE ADMITTED. PETS OVER 7 MONTHS OF AGE MUST BE SPAYED OR NEUTERED. IF YOUR DOG HAS BEEN ILL, THEY WILL NOT BE ALLOWED BACK UNTIL AT LEAST 7 DAYS AFTER THE END OF SYMPTOMS.
- \* WE AT PUPPY LOVE TAKE EXTREME CAUTION WITH OUR BOARDING AND DAYCARE DOGS HOWEVER, EVERY DOG REACTS DIFFERENTLY AND ANIMALS BY NATURE ARE UNPREDICTABLE AND THEREFORE PRESENT A CERTAIN LEVEL OF RISK.
- \* ACKNOWLEDGE AND UNDERSTAND THAT THERE ARE CERTAIN RISKS INVOLVED IN PARTICIPATING IN DAY CARE OR BOARDING. MOST INJURIES THAT OCCUR DURING PLAY ARE NOT SERIOUS IN NATURE BUT OCCASIONALLY A VET VISIT IS INVOLVED.
- \* EACH DOG OWNER IS RESPONSIBLE FOR HIS DOGS VETERINARY CARE SHOULD IT EVER BE NEEDED AND PUPPY LOVE ASSUMES NO RESPONSIBILITY FOR VET COSTS
- \* THE CLIENT UNDERSTANDS THAT THEY MUST EXPRESS ANY KNOWN BEHAVIORAL AND OR AGGRESSION PROBLEMS. CLIENT IS SOLELY RESPONSIBLE FOR ANY HARM CAUSED BY THEIR PET TO ANY EMPLOYEES OTHER PETS OR OWNERS OR PROPERTY.
- \* PUPPY LOVE DOES PROVIDE FOOD/WATER BOWLS AND BEDDING HOWEVER IF YOU DECIDE TO PROVIDE YOUR OWN, PUPPY LOVE IS NOT RESPONSIBLE FOR THOSE ITEMS.
- \* PLEASE LABEL ALL ITEMS INCLUDING MEDICATIONS WITH PETS NAME. ALL MEDICATIONS MUST BE IN ORGINAL PACKAGING WITH DOSAGE INSTRUCTIONS.
- \* PUPPY LOVE DOES NOT ACCEPT AGGRESSIVE ANIMALS FOR BOARDING OR DAYCARE.
- \* PUPPY LOVE DOES NOT ACCEPT DOGS THAT WILL CLIMB OR JUMP A 4 FOOT FENCE OR DIG THEIR WAY OUT AT BOARDING OR DAYCARE. IF YOU THINK YOUR DOG MIGHT, YOU ARE LEAVING HIM OR HER AT YOUR OWN RISK.
- \*PUPPY LOVE RESERVES THE RIGHT TO TAKE PETS TO VET IF NECESSARY. PUPPY LOVE WILL, WHEN POSSIBLE, USE CLIENTS VET IF IMMEDIATE ATTENTION IS NEEDED. PUPPY LOVE WILL OTHERWISE SEEK MEDICAL HELP FROM WOODINVILLE ANIMAL HOSPITAL LOCATED AT 16511 140th PI NE, Woodinville, WA 98072 (425) 483-5005 .OR, FOR AFTER HOURS EMERGENCY CALLS, FROM ANIMAL EMERGENCY HOSPITAL AT 16421 Cleveland St Ste H, Redmond, WA 98052, (425) 250-7090. CLIENT ACKNOWLEDGES RESPONSIBLITY FOR THESE CHARGES.

- \* PUPPY LOVE RESERVES THE RIGHT TO DENY SERVICE OR TERMINATE SERVICE TO ANYONE FOR ANY REASON INCLUDING SAFETY CONCERNS TO OTHER DOGS/PEOPLE, FINANCIAL CONCERNS OR INAPPROPRIATE OR UNCOMFORTABLE SITUATIONS.
- \* THE CLIENT AGREES IF PET IS NOT PICKED UP OR WE ARE NOT NOTIFIED WITHIN 5 DAYS AFTER SCHEDULED PICK UP DATE PUPPY LOVE WILL CONSIDER THE PET TO BE ABANDONED AND WILL PLACE THE PET IN PROTECTIVE CARE OF A RESCUE GROUP OR HUMANE SOCIETY.
- \* PAYMENT IS EXPECTED AT DROP OFF, OR ON THE MONDAY OF THE START OF THE WEEK. IN THE EVENT OF ADDITIONAL UNFORESEEN COSTS SUCH AS FOOD SUPPLIES OR VET FEES, PAYMENT IS EXPECTED WHEN DOG IS PICKED UP. PAYMENTS MAY BE CASH OR CHECK ONLY.
- \* ALL DOGS MUST BE ON LEASH WHEN ARRIVING AND LEAVING THE FACILITY.
- \* ALL DOGS MUST WEAR A NYLON CLOTH OR LEATHER COLLAR WITH THEIR NAME ON IT WHILE IN OUR CARE. NO CHOKE CHAINS PRONG COLLARS HARNESSES', MUZZLE OR CHAIN MARTINGALE COLLARS.
- \*FILLING OUT THIS FORM WILL BE CONSIDERED AS YOUR SIGNATURE FOR FORMS SENT VIA EMAIL AND MEANS YOU FULLY UNDERSTANDS AND AGREE TO THE CONTENTS OF THIS AGREEMENT.
- \*BY ENTERING MY NAME AND CLICKING SEND I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE TERMS AND CONDITIONS OF THIS CONTRACT. PLEASE ENTER YOUR FULL LEGAL NAME BELOW.

Full Legal Name:	 	 	
Date:	 _		

