

DOG DAYCARE APPLICATION FORM

Your Name: _____

Address: _____ City _____ Province _____ Postal
code _____

Home Phone () _____ - _____ Work Phone () _____ - _____

Email Address: _____

Emergency Contact:

Name: _____

Address: _____ City _____ Province _____ Postal
code _____

Home Phone () _____ - _____ Work Phone
() _____

Veterinarian:

Name: _____ Phone () _____ -

Address: _____ City _____ Province _____ Postal
code _____

PET INFORMATION:

Name: _____ Sex: M / F Spayed/Neutered: Y / N

Age: _____ Birthday: _____ Breed: _____

Color: _____ Weight: _____

Feeding Schedule:

Brand and Type of Food:

Is your dog allowed to have treats? Y / N (what type)

—
Where did you get this dog?

How long have you had him/her?

If you have not had him/her from puppy hood, what do you know of its prior history?

-

-

Please describe your dogs overall temperament:

How does your dog react to other dogs?

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

If yes how did he/she react with the other dogs?

Does your dog have any kinds of people he/she automatically fears or dislikes? Y / N

If yes describe: _____

Does your dog have any kinds of dog that he/she automatically fears or dislikes? Y / N

If yes describe: _____

Has your dog ever bitten someone? Y / N

If yes describe: _____

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

If yes describe: _____

What known behavioral problems does your dog have?

Is your dog housebroken or crate trained?

Does your dog play with toys? Y / N

Is your dog toy possessive? Y / N

Describe: _____

Has your dog shared toys/food/water with other dogs before? Y / N

Were there any problems?

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

What commands does your dog know?

Bathroom Command: _____ Quiet Command: _____

Play Command: _____

Does your dog have any health concerns that you are aware of? Y / N

Describe: _____

Does your dog have any medical restrictions on his/her activities? Y / N

Describe: _____

Is your dog currently on any medication? Y / N

Describe: _____

Does your dog have any allergies? Y / N

Describe: _____

Does your dog like to receive brushings? Y / N

How does your dog react to getting his/her nails clipped?

Does your dog have any areas on his/her body that he/she does not like to be touched?

Y / N

Describe: _____

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

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

When would you like to start?

Please contact your veterinarian for required certifactes.

- rabies vaccination certificate;
- DHPP (distemper, hepatitis, parainfluenza and parvovirus) certificate;
- annual bordatella certificate;
- spay or neuter certificate for dogs over 8 months;

We also require the use of monthly flea and tick prevention medication (May to November).

Your veterinarian can email copies of these certificates directly to us.

*****Please read the next section carefully as it involves a waiving of certain rights*****

MEDICAL RELEASE FORM

This is a required form for all The Collar Club participants receiving services.

First and foremost the safety and well being of your pet(s) is of the highest importance. Insuring that your pet 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. In the event that a medical emergency arises while a pet 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 pet will be rushed to the closest available facility for treatment and you will be notified. We notify the owner after we have secured a medical treatment center for the animal to avoid delays that may be

caused by emotion on the part of the owner. Our goal is to get your pet medical attention as quickly as humanly possible, and any distractions may interfere with that process.

For that reason, it is a requirement to have our pet parents sign this form.

I understand that in the event of a medical emergency that The Collar Club, at its sole discretion, deems to need the immediate attention of a licensed veterinarian, I authorize The Collar Club to seek medical attention at the closest available veterinary facility. I further agree that I am financially responsible for any medical treatment my pet(s) receives as a result of a medical emergency while attending services provided by The Collar Club

Signature of Owner _____ Date _____

Printed Name _____

WAIVER OF LIABILITY

Name: _____

Address: _____ City _____ Province _____ Postal Code _____

Home Phone () _____ - _____ Work Phone () _____

Dog's Name: _____ Age: _____ Breed: _____

1. I further understand that The Collar Club has 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 in admitting my dog for services at their facility.
2. I further understand that their owners, staff, partners and volunteers, will not be liable, financially or otherwise, for injuries to my dog, me or any property of mine while my dog is participating in services provided by The Collar Club. I hereby release The Collar Club of any liability of any kind arising from my dogs participation in any and all services provided by The Collar Club.
3. I further understand and agree that any problems with my dog, behavioral, medical or otherwise will be treated as deemed best by staff of The Collar Club 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 all liability for any and all expenses involved in regards to the behavior and health of my dog.
4. 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 The Collar Club and while in their care. I understand that while the socialization and play is closely and carefully monitored by The Collar Club staff to prevent injury, it is still possible that during the course of 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.

5. I understand by allowing my dog to participate in services offered by The Collar Club I hereby agree to allow The Collar Club to take photographs or use images of my pet in print form or otherwise for publication and/or promotion.
6. I further understand that I am solely responsible, financially or otherwise, for any harm or damage caused by my dog while my dog is attending any services provided by The collar Club
7. I understand that if my dog is not picked up on time or by a date specified in a separate agreement I hereby authorize The Collar Club to take whatever action is deemed necessary for the continuing care of my dog. I will pay The Collar Club the cost of any such continuing care upon demand by The collar Club

Signature of Owner: _____ Date: _____

Printed Name: _____