Registration Form: Doggie Day camp & Boarding

Tell us about yourself

| Name: | Address: | | |
|-----------------------------------|------------------------------|------------------------------|-------------------------------------|
| Additional Parent Name: | City: | State: | Zip: |
| Cell Phone: | Home Phone: | Work Phone: | |
| Email: | | (by supplying this | s, you agree to receive periodic en |
| Emergency Contact(s): | | Phone: | |
| Who else is authorized to pick ι | ıp your dog? | | |
| low did you hear about us? | | Referred by: | |
| <u> Tell us about your dog(s)</u> | | | |
| 1)Name: | Breed: | Birth date: | Male / Female |
| Neight: Color: | Spayed/Neute | ered: Yes / No If not, when? | |
| 2)Name: | Breed: | Birth date: | Male / Female |
| Neight: Color: | Spayed/Neute | ered: Yes / No If not, when? | |
| low long has your dog been in | your family? | Where did you get your dog | ? |
| oes your dog get along with o | ther dogs? | | |
| las your dog ever bitten anoth | er dog or person? | | |
| Ooes your dog growl or snap w | hen food or toys are taker | n away? | |
| Ooes your dog growl or snap fo | r any other reason? | | |
| low does your dog behave at a | a daycare / boarding facilit | ty? | |
| low does your dog behave in p | oublic? | | |
| What commands does your dog | ı know? | | |
| las your dog ever climbed or ju | umped a fence? | | |
| Please describe any behavioral | problems you might know | of: | |
| s there anything else we shoul | d be aware of? | | |
| Tell us about your dog's hea | alth | | |
| Animal Hospital: | | City: | State: |
| /eterinarian: | | Phone: | |
| ist any allergies: | | | |
| Describe any medical conditions | 5: | | |
| onthly Heartworm Treatment: | | | |
| Monthly Flea Treatment: | | | |

<u>Vaccinations:</u> Please attached a copy of your dog's current vaccinations or email to allpawsidaho@gmail.com. Required vaccinations: Rabies, Distemper, Parvo & Bortatella (Kennel Cough)

Rules, Regulations & Waiver

INJURIES & ILLNESS: At Stayner, LLP, we strive to provide your dog with excellent care and a fun experience during their stay. Although animals are supervised at all times, injuries can still occur while dogs are playing together such as scratches, cuts or sprained joints. Such injuries are rare, but they happen at all doggie daycares. In addition, while infrequent, dogs can get into fights, even under close supervision. Common areas for bites as a result of these fights are the snout, ears, tuft of the neck and paws. At Stayner, LLP, we have procedures to screen dogs for aggressive behavior and we do not allow aggressive dogs to play with other dogs. However, even the friendliest of dogs can get into fights with very little or no warning. In addition to injuries, it is possible for dogs to transfer illness such as upper respiratory infections and kennel cough, even with the required vaccinations and boosters. This is just like at a daycare for children where illness such as pink eye and the flu can be transferred from one child to another. Such illnesses do not occur often and all dogs must have the necessary vaccinations to check-in.

AGE & GENDER: Dogs of all ages are allowed at Stayner, LLP as long as they meet the facility's criteria of vaccinations. All dogs participating in doggie daycare must be spayed or neutered if over 6 months of age.

ABANDONMENT OF ANIMALS: I understand if I do not pick up my dog by 5 days after the agreed upon pick up date, a certified letter will be sent regarding the animals abandonment. Should the animal not be removed within the specified time I, the client, hereby relinquish all claims to my animal, but shall not relieve me of my contractual liability of any treatment, boarding or care furnished.

PHOTOGRAPHS: I understand that photographs, video or digital recordings are taken of the facility, pets, customers and staff on a regular basis for, among other things, use in advertising by Stayner, LLP. I acknowledge that all such images, together with prints and copyrights, therein are the property of Stayner, LLP. I give Stayner, LLP my consent, permission, and authorization, without compensation to me, to use, reproduce, and alter the images, in print and electronic format (including the internet), either alone or in combination with other texts and graphics. I waive my right to approve the finished photograph, advertising copy, print material or electronic files that may be used in conjunction with the images.

- 1. I agree that Stayner, LLP and its employees will not be liable for any claims of injury, illness, damage or death to my dog during its stay and that under no circumstances will Stayner, LLP be liable for consequential damages.
- 2. I certify that I have informed Stayner, LLP of all dog and human aggression. I agree that I am responsible for any harm caused by my dog while in the care of Stayner, LLP. I shall indemnify Stayner, LLP against any claims made against it or for losses or damages suffered by Stayner, LLP as a result of my dog.
- 3. I understand that, in the event my dog appears to be ill or at significant risk of experiencing a medical problem, Stayner, LLP will attempt to contact me for instructions prior to seeking veterinary care. If I cannot be reached, I agree that Stayner, LLP may use its reasonable discretion in seeking veterinary care on my behalf and I will be responsible for all related expenses. I understand that Stayner, LLP will attempt to use my preferred veterinarian, but if my preferred veterinarian is unavailable or other circumstances mandate, I authorize Stayner, LLP to use the veterinarians of its choice. I agree that Stayner, LLP will not be liable for the actions and decisions of the veterinarian. I also agree to be responsible for any reasonable fees assessed by Stayner, LLP for emergency care and transportation.
- 4. I authorize my veterinarian to share the medical records of my dog with Stayner, LLP and other veterinarians. I assume full responsibility for payment of all veterinary services rendered, including, but not limited to, diagnosis, treatment, necessary grooming, medical supplies, transportation and boarding. I agree to make such payments directly to the attending veterinarian or reimburse Stayner, LLP if direct payment cannot be made.

| This agreement and waiver is valid from the date below and grants permission for future veterinary care without the need for |
|--|
| additional authorization each time Stayner, LLP cares for one or more of my dogs. |
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Signature:_____ Print Name:_____ Date:_____