

# Boarding and Daycare



## APPLICATION

OWNER'S NAME (FIRST & LAST): \_\_\_\_\_

EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

CONTACT #: \_\_\_\_\_

EMERGENCY #: \_\_\_\_\_

PERSONS AUTHORIZED TO PICK UP: \_\_\_\_\_  
\_\_\_\_\_

VET CLINIC: \_\_\_\_\_

VET PHONE #: \_\_\_\_\_

*Official, up-to-date Veterinary records for Rabies, Distemper, and Bordetella must be provided at check-in. Failure to provide proper documentation can result in service cancellation.*



DOG'S NAME: \_\_\_\_\_

BREED: \_\_\_\_\_

D.O.B. (OR EST. AGE): \_\_\_\_\_

GENDER: M / F

SPAYED OR NEUTERED?\* Y / N

### FEEDING SCHEDULE

MORNING AMOUNT: \_\_\_\_\_

LUNCH AMOUNT: \_\_\_\_\_

DINNER AMOUNT: \_\_\_\_\_

BRAND/FORMULA: \_\_\_\_\_

If they run out, should we purchase a bag locally or feed our food at \$2.25/c. (PurinaONE Lamb & Rice)? \_\_\_\_\_

### MEDICATION SCHEDULE

MORNING AMOUNT: \_\_\_\_\_

LUNCH AMOUNT: \_\_\_\_\_

DINNER AMOUNT: \_\_\_\_\_



DOG'S NAME: \_\_\_\_\_

BREED: \_\_\_\_\_

D.O.B. (OR EST. AGE): \_\_\_\_\_

GENDER: M / F

SPAYED OR NEUTERED?\* Y / N

### FEEDING SCHEDULE

MORNING AMOUNT: \_\_\_\_\_

LUNCH AMOUNT: \_\_\_\_\_

DINNER AMOUNT: \_\_\_\_\_

BRAND/FORMULA: \_\_\_\_\_

If they run out, should we purchase a bag locally or feed our food at \$2.25/c. (PurinaONE Lamb & Rice)? \_\_\_\_\_

### MEDICATION SCHEDULE

MORNING AMOUNT: \_\_\_\_\_

LUNCH AMOUNT: \_\_\_\_\_

DINNER AMOUNT: \_\_\_\_\_

*Please include add'l dogs on the back of this sheet  
\*Dogs over 1 yr. must be altered to play in daycare*

## ..... ANY BEHAVIORS OR RESTRICTIONS WE SHOULD BE AWARE OF? .....

Examples include, but are not limited to aggression, digging, excessive marking, mounting, food aggression (towards people or dogs), food allergies, jumping (on people or over fences), separation anxiety, and toy possessiveness. If you feel there is anything else we should know, please use the back of this sheet.

# LIABILITY WAIVER

OWNER NAME(S) (PLEASE PRINT)\_\_\_\_\_

\_\_\_\_\_ I HEREBY RELEASE PLAY AND STAY DOG LOUNGE, ITS AGENTS, OFFICERS, SUB-CONTRACTORS, EMPLOYEES, CUSTOMERS, AND POTENTIAL CUSTOMERS FROM ANY AND ALL LIABILITIES, FINANCIAL AND OTHERWISE, FOR INJURIES TO MYSELF, MY DOG(S), OR ANY OF MY PROPERTY ARISING DURING PICK-UP, TRANSPORT, DROP-OFF, AND STAY AT THE FACILITY.

\_\_\_\_\_ I AGREE TO NOTIFY PLAY AND STAY DOG LOUNGE IF MY DOG IS SICK BEFORE OR AFTER ATTENDING PLAY AND STAY, OR IF MY DOG PASSES AWAY FOR ANY REASON.

\_\_\_\_\_ I AUTHORIZE PLAY AND STAY DOG LOUNGE TO DO WHATEVER THEY DEEM NECESSARY FOR THE SAFETY, HEALTH, AND WELL-BEING OF MY DOG WHILE UNDER THE CARE OF PLAY AND STAY DOG LOUNGE, INCLUDING SEEKING PROFESSIONAL VETERINARY TREATMENT FOR MY DOG.

\_\_\_\_\_ I UNDERSTAND THAT PLAY AND STAY HAS THE RIGHT TO REFUSE SERVICE TO ME AND/OR MY DOG(S) AT ANY TIME FOR ANY REASON.

\_\_\_\_\_ I UNDERSTAND THAT VIDEOS AND PICTURES WILL BE TAKEN OF MY DOG(S) AND USED FOR MARKETING PURPOSES.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ THE LIABILITY WAIVER IN ITS ENTIRETY AND AGREE TO THE TERMS. I UNDERSTAND THIS AGREEMENT IS APPLICABLE TO BOTH CURRENT AND FUTURE DOG(S) OF MINE UNTIL THE END OF THE BINDING PERIOD. THIS AGREEMENT SHALL BE BINDING FOR A PERIOD OF TEN (10) YEARS FROM THE DATE OF SIGNATURE BELOW.

CLIENT SIGNATURE\_\_\_\_\_ DATE\_\_\_\_\_