

Paws & Effect

19634 Center Ridge Road
Rocky River, OH 44116
440-331-PAWS (7297)

Day Care Application

Day care is a cage-free service designed for social dogs to play and have fun. Safety is our primary goal, therefore, **day care is not for every dog.** It is not a place for aggressive dogs to learn how to be social. To be accepted into our day care program, each potential day care guest must:

1. Complete this Day Care Application/Agreement
2. Meet our vaccination and temperament standards
3. Be spayed or neutered (except puppies under 6 months)

CLIENT INFORMATION:

Owner's Name _____

Address _____

City _____ State _____ Zip _____

Home (____) _____ Work (____) _____ Cell (____) _____

EMERGENCY CONTACT(S):

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Others authorized to pick-up my pet _____

Veterinary Clinic of Record _____

My Veterinarian _____

Clinic Address _____ Phone _____

PET INFORMATION:

Pet 's Name _____

Primary Breed _____ Color _____

Sex: Male Female Spayed Neutered Approximate Weight _____

Birth Date: _____ How long have you had this pet? _____

This pet is from: Rescue Store Breeder Stray Other _____

MEDICAL INFORMATION:

Last physical exam: _____

DHLPPC (or equivalent): _____

Rabies Vaccination: _____ 1 year 3 years

Bordatella: _____

Heartworm Test: _____ Heartworm Prevention: _____

Last Fecal Exam: _____

Does your pet have any injuries/health concerns that require special attention?

Yes No

If yes, please explain _____

Does your dog have hip dysplasia? Yes No

If yes, are there any restrictions on your dog's activities or movements: _____

Is your pet taking any medications? Yes No

If yes, please specify medication(s) and the condition being treated: _____

BEHAVIORAL INFORMATION:

ATTRIBUTES

- Fence climber
- Digger
- Jumps
- Protective
- Mouthy
- Fear of Noise/thunder
- House broken
- Paper trained
- Afraid of men
- Other _____

PERSONALITY

- Outgoing
- Verbally Sensitive
- Timid
- Affectionate
- Pushy
- Aggressive
- Excitable
- Playful
- Independent

BEHAVIOR

- Will Bite
 - May Bite
 - Growls
 - Snaps
 - Shows teeth
 - Freezes
 - Trembles
 - Moves Away
 - A perfect angel
-

MY PET:

LIKES

DISLIKES

PLAYS BEST WITH:

- | | | | |
|------------------------------|--------------------------|--------------------------|---------------------------------------|
| Getting hugs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> No dogs |
| Being brushed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Big dogs |
| Being around other dogs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Little dogs |
| Being touched while sleeping | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Older dogs |
| Being touched on ears | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Younger dogs |
| Being touched on paws | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Puppies |
| Being touched on mouth | <input type="checkbox"/> | <input type="checkbox"/> | |
| Being touched on tail | <input type="checkbox"/> | <input type="checkbox"/> | |
| Having nails clipped | <input type="checkbox"/> | <input type="checkbox"/> | |

Does your pet engage in any unusual or repetitive behaviors? Yes No

If yes, please explain: _____

Has your pet ever bitten a person? Yes No

Has your pet ever bitten another dog? Yes No

Additional information you should know about my pet: _____

DAY CARE TERMS AND CONDITIONS:

To ensure the health and safety of your dog and all other guests, we require that all of our clients agree and comply with the following terms and conditions:

1. I specifically represent to Paws & Effect LLC ("Paws & Effect") that I am the legal owner of my dog. In addition, my dog is healthy, my dog meets Paws & Effect's vaccination standards, my dog has not harmed or shown aggression or threatening behavior towards any person(s) or other dog(s) and has not been exposed to any known communicable disease within the 30 period immediately prior to admission to day care. I further represent that each time my dog is brought to Paws & Effect, I will be recertifying that my dog is in good health and has not had any communicable illness of any kind for 30 days prior to admission. I further agree to inform Paws & Effect of any changes in my dog's condition and/or behavior prior to any day care visit.

2. I understand that my dog must be spayed or neutered prior to attending day care (if 6 months of age or older). In addition, I am not permitted to bring personal items to day care.

3. I understand day care is offered between ____ A.M. – ____ P.M. Dogs not picked up by closing time (____ P.M.) will be charged \$10.00 for every 15 minutes after ____ P.M.

4. I understand that my dog is required to be fully vaccinated (including distemper, parvo, rabies and bordetella) and I will provide Paws & Effect with proof thereof from my veterinarian. I agree to provide Paws & Effect with annual updates of my dog's vaccination records. I acknowledge that it is my responsibility to ensure that my dog continues to be fully vaccinated and that Paws & Effect reserves the right to remove my dog from the facility if it is not fully vaccinated.

5. I understand that my dog must have flea protection in the form of a topical liquid such as K9 Advantix, Advantage or Frontline. I acknowledge that flea collars are not acceptable. I understand that my dog will be inspected for fleas when entering Paws & Effect, and will be refused entrance if fleas are found. I further acknowledge that Paws & Effect shall not be held responsible if my dog contracts fleas while at Paws & Effect because proper flea protection is my responsibility.

6. I understand that the leash-free environment at Paws & Effect provides dogs the opportunity to play in close physical contact, including with their teeth and paws. I acknowledge that no amount of supervision or personalized care by Paws & Effect, its agents or employees, can prevent the possibility of injury or illness to my dog.

7. I understand that day care at Paws & Effect is a cage-free service. I accept the risks involved and agree that I am solely responsible for any damages that result from injuries caused by my dog while at Paws & Effect. I agree to indemnify and hold harmless Paws & Effect from any and all claims, liabilities, costs and expenses, including court costs and attorney fees, arising out of any harm or injury caused by my dog to other dogs or persons. . I authorize Paws & Effect to do whatever is deemed necessary for the safety, health and well-being of my dog and I agree to assume full financial responsibility for any and all medical expenses incurred. I expressly wave and relinquish any and all claims against Paws & Effect, its employees, agents, and representatives for any injury, illness, or harm to my dog. Under no circumstances will Paws & Effect be liable for consequential damages or damages beyond the replacement value of my dog.

8. I understand Paws & Effect reserves the right to refuse admittance to any dog that displays signs of untreated or potentially contagious conditions, demonstrates aggressive behavior, or who fails our standard health and temperament policies. I further understand and agree that any problems that develop with my dog will be treated as deemed appropriate by the staff of Paws & Effect, in their sole discretion

9. In the event any provision of this agreement is declared by a court of competent jurisdiction to be unenforceable, the remaining provisions shall remain in full force and effect.

I certify that I have read, understand and agree to be bound by the terms and conditions as set forth herein.

Signature of Owner

Date: _____

Print Name