The Dawg Zone Daycare

Application for Enrollment

OWNER'S INFORMATION:

Name:_____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone # : (___) _____ Cell Phone # : (___) _____

Work Phone # : (___) _____ Ext: _____

Email Address: _____

OTHER OWNER'S INFORMATION:

Name:_____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone # : (___) _____ Cell Phone # : (___) _____

Work Phone # : (___) _____ Ext: _____

Email Address: _____

EMERGENCY CONTACT: *(someone other than listed above)*

Name:_____

Home Phone # : (___) _____ Cell Phone # : (___) _____

Work Phone # : (___) _____ Ext: _____

VETERINARY CLINIC:

Name:_____

Street Address: _____

City: _____ State: _____ Zip: _____

Clinic Phone # : (___) _____

Application for Enrollment

PET #1 INFORMATION:

Name: _____

Breed: _____ Sex: M / Neutered F / Spayed

Date of Birth: _____ Weight: _____

Length of ownership: _____ Acquired from: _____

Health problems *(including allergies, medications, physical conditions/limitations)*: _____

_____

_____

Medications to be given *(include time(s) to be given and dosage)*: _____

_____

PET #2 INFORMATION:

Name: _____

Breed: _____ Sex: M / Neutered F / Spayed

Date of Birth: _____ Weight: _____

Length of ownership: _____ Acquired from: _____

Health problems *(including allergies, medications, physical conditions/limitations)*: _____

_____

_____

Medications to be given *(include time(s) to be given and dosage)*: _____

_____

OTHER PETS IN THE HOME
(Names & Ages)

_____

_____

_____

THE DAWG ZONE DAYCARE

Health & Temperament Certification

I, _____, hereby certify that my dog, _____ is in good health and has not been ill with any communicable condition in the last 30 days. I further certify that my dog has not harmed or shown aggressive or threatening behavior towards any person or any other dog, or is will (or able) to climb or jump 6' chain link fences. I have *provided written verification from my vet* indicating that my dog has up-to-date vaccinations as indicated here:

Rabies expiration: / /

DHLPP (Distemper) expiration: / /

Bordatella expiration: / /

Negative Fecal exam last done on: / /

Flea Control _____ Last Applied / /

Veterinary Treatment

I understand and agree that in the event that my dog(s) becomes ill while in the care of the Dawg Zone, or in the event of an emergency, the staff will attempt to contact me. If I am unreachable I hereby authorize the Dawg Zone and its agents and/or representatives to seek immediate veterinary care. I understand if my veterinarian is not available my dog may be taken to the veterinarian of the Dawg Zones choice. I further understand that all cost in connection with, veterinary, medical or other treatments, shall be my responsibility and must be paid in full at the time that I pick up my dog(s) from the Dawg Zone.

I,_____, authorize the Dawg Zone and its representatives to obtain medical treatment in the event of an illness or accident for the following canine (dogs name) _____

_____ *breed* _____. *I give the attending veterinarian permission to start treatment. In the event that the medical expenses exceed $*_____, *I request that a Dawg Zone representative or the attending veterinarian contact me before further treatment is done. I agree to reimburse the Dawg Zone for any and all expenses incurred for the medical treatment of my dog. Payment will be made in full when I pick up my dog.*

Signature_____ **Date** _____

Previous Bite History

A. To the best of my knowledge, (dog's name) _____ (breed) _____ has never bit (broken skin) any person and has no record with the city government or animal control of a vicious dog attack.

Signature_____ **Date** _____

B. The following canine (dog's name) _____ (breed) _____ has bitten a human. Please describe in detail the circumstances that surrounded the incident.

_____

_____

(use back of page if needed)

Agreement and Waiver Form

I understand and agree that I am solely responsible for any harm or injury incurred to my dog(s) or any damages caused by my dog(s) while attending the Dawg Zone Daycare.

I further understand and agree that in admitting my dog to the Dawg Zone, the Dawg Zone has relied on my representation that my dog is in good health and has not harmed or shown aggression towards any person or any other dog.

I further understand that due to the way dogs play and interact with one another, minor cuts and scratches can occur even though the dogs are carefully supervised at all times.

I further understand and agree to hold the Dawg Zone, its members, directors, officers, agents and the owner or lessor of the premises and any employees of the aforementioned parties, harmless from any and all claims for loss, damage or injury which may be alleged to have been caused directly or indirectly to any person or thing by the act of my dog. I personally assume all responsibility and liability for any such claim. I assume the sole responsibility for and agree to indemnify and save the aforementioned parties harmless from any and all loss and expense (including legal fees) by reason of liability imposed by law upon any of the aforementioned parties for damage because of bodily injuries, including death at any time resulting there from, or sustained by any person or persons, including myself, howsoever such injuries, death or damage to property may be caused, and weather or not the same may have been caused or alleged to have been caused by the negligence of the aforementioned parties or any of their employees, agents, trainers or any other persons. I will not charge the Dawg Zone with punitive damages.

I hereby grant the Dawg Zone, its members, successors and assigns, the non-exclusive, perpetual, irrevocable, world-wide right to: (1) photograph my dog(s) while in the possession or custody of the Dawg Zone and (2) to use, publish, display or distribute any such photos in any way know or hereafter to become know, including without limitation, by print, transmission, broadcast or electronic communication.

I certify that I am the actual owner of the dog(s), or I am the duly authorized agent of the actual owner whose name I have entered above. I certify I have read and understand the rules and regulations set forth herein and that I have read and understand this agreement. I agree to abide by the rules and regulations and accept all terms, conditions and statements of this agreement and confirm the truthfulness of the contents of the application form completed by me. I hereby acknowledge that there are no refunds for daycare fees.

Although we carefully screen all applicants, occasionally we discover that this is not an appropriate environment for every dog. The Dawg Zone reserves the right to permanently dismiss a dog from daycare at any time for any reason we deem fit.

Signature _____ **Date** _____

Print Name _____ **Dogs Name** _____