

My dog's **last** name is: _____

My dog's **first** name is: _____

CAMP HAPPY

Application for Doggie Daycare

NAME _____ DATE _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
HOME PHONE _____ DAY PHONE _____ CELL _____
2ND POINT OF CONTACT _____ DAY PHONE _____ CELL _____
E- MAIL _____

Dog's Information:

DOG NAME _____ BREED _____ AGE _____
SEX: M or F WEIGHT _____ Age when spayed/neutered _____

Is your dog; (please check all that apply)

- Allowed to run free in the home: supervised / unsupervised
- Allowed to run free in fenced yard: supervised / unsupervised
- Has jumped over fence in yard: _____ How high? _____
- Leashed walks only
- Outside and unleashed but supervised
- Ever participated in daycare/group play? If so, where? _____
- Has your dog ever been on any agility equipment? Y or N
- Does your dog prefer to play with:
 - male dogs
 - female dogs
 - both
- Is your dog possessive of any toys, foods, water or other objects? If yes, please explain _____
- Has your dog ever shared his/her food, water or toys with other animals? Y or N
- Has your dog ever growled or snapped at anyone taking food or toys away? If yes, please explain:

- How does your dog react when strangers approach the home or yard or out in public?

- Is your dog afraid of any types of other dogs? _____
- Does your dog play off-leash with other dogs? Briefly describe: _____
- How does your dog react to puppies? _____
- Has your dog ever growled at someone? _____ If yes, under what circumstances? _____
- Has your dog ever bitten someone? _____ If yes, under what circumstances? _____
- Has your dog ever bitten another dog? _____ If yes, under what circumstances? _____

- What is your dog's training history? (please check)
 - No training
 - Trained yourself
 - Puppy Kindergarten
 - Group class basic
 - Group class advanced
 - Private training sessions
 - Obedience titles/awards Agility Other
- Does your dog have any problems in any of the following areas:
 - Tail
 - Paws
 - Hindquarters
 - Nails clipped
 - Being brushed
 - Sensitive about any parts of his/her body, not listed? _____
 - (If yes to any, please explain) _____
- Does your dog have hip problems? _____ If yes, what restrictions need to be placed on your dogs activities or movements? _____
- Are there any physical problems or disabilities, which may affect them in daycare?

- Are there any other issues that you wish to address, or feel you should inform us of, and how much of a problem do you consider the behavior to be?

- How much exercise is your dog presently getting? _____
- What is the main reason you have chosen doggie daycare for your dog?

- How did you hear about our doggie daycare? _____
- Is your Camper allowed to have pupsicles or Doctor approved Doggie Ice Cream? YES NO

Please be advised that upon arrival all pets will be checked for fleas. If fleas are found, a CAPSTAR (24 hour flea medication) and a bath will be given at the owner's expense. This ensures other pets at Camp Happy will be protected while in our facility. If your pet requires a prescription diet, it will need to be provided by the owner at the time of check-in, or purchased from the clinic. Also, please be advised that any medications prescribed to, or required for your pet, will have an administration fee of \$2.25 per dose. Please see the front office or daycare staff if you have questions. If I am unable to provide written proof of current vaccination, including DA2PLP, CCV, Rabies, and Fecal within the last year, and Bordetella within the last 6 months, my pet will be vaccinated at my cost.

Signature of Pet Owner

Date

Doggie Daycare Release

I hereby certify that I am the guardian of _____, the dog that will participate in Doggie Daycare.

1. I understand that other dogs will attend Camp Happy Doggie Daycare and that, during the course of participation, my dog may come into direct contact with all other participating dogs.

2. I hereby certify that the above named dog has been fully vaccinated for canine distemper, canine parvo virus, canine hepatitis, canine parainfluenza (DHPP) and rabies within the last year as well as bordetella (kennel cough) every six months, and a fecal test within the last year. I am aware that my dog may be exposed to those infectious diseases described above. However, since Big Creek Animal Hospital has advised me that my dog should be fully vaccinated against these diseases before attending Doggie Daycare, I alone assume responsibility for any such exposure. I also acknowledge that in addition to the diseases described above, my dog may be exposed to other infectious diseases. However, in order for my dog to participate in Doggie Daycare, I alone assume the responsibility of such exposure to all other infectious canine diseases.

3. I am aware that given the sometimes unpredictable nature of dogs, an interaction could occur between animals at the daycare which may result in injury to my dog, to other dogs, or to other people. I alone assume responsibility for any such injury. I understand that Big Creek Animal Hospital and Camp Happy Doggie Daycare reserves the right to terminate daycare at any point during my pet's visit.

4. As to Big Creek Animal Hospital, Camp Happy Doggie Daycare and it's employees, I hereby waive and release any actions, causes of actions, damages, rights, claims or lawsuits which I may have for
(a) any and all personal injury or property damage which may be sustained arising out of any interaction between dogs participating in Doggie Daycare; and (b) any and all injury, illness or disease sustained by my dog arising out of, or stemming from, its participation in Doggie Daycare.

5. I have read and understand this release form and I will honor and abide by the terms and conditions set forth above.

Date: _____ Dog's Name: _____

Printed Name of Dog Owner: _____

Signature of Dog owner: _____