

DAY CARE APPLICATION



Day care is a cage-free service designed for dogs 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 & temperament standards
3. Be spayed or neutered (except puppies under 6 months)
4. Attend a day care evaluation day (\$25 single-day fee applies) on a Monday, Tuesday or Wednesday.

Overnight guests wishing to attend day care must be accepted prior to first day of stay. Overnight guests are given the exclusive option of 1/2 day of day care for \$15. Clients are strongly encouraged to make reservations for their dogs to attend day care. Day care is limited in size, so please book ahead to avoid disappointment. Priority goes to clients with standing reservations.



CLIENT PROFILE

Owner's Name _____

Address _____

City _____ State _____ Zip _____

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

Email _____

EMERGENCY CONTACT(S):

Name _____ Number _____ Relationship _____

Name _____ Number _____ Relationship _____

Others authorized to pick-up my pet _____

Veterinary Clinic of Record _____

My Veterinarian _____

Clinic Address _____ Phone _____



PET PROFILE

Pet Guest's Name _____ Nickname _____

Dog Cat Primary Breed _____ Color _____

Sex: Male Female Spayed Neutered Approximate Weight _____

Birthdate _____ How long have you had this pet? _____

This pet is from: Rescue Store Breeder Stray Other _____

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PET PROFILE (CONT'D)

Professional Obedience Education: None In-Home Group Class Private Lessons

Has this pet ever been boarded before? Yes No If no, why not? _____
If yes, please describe your pet's experience: _____

Has this pet ever been to day care before? Yes No If no, why not? _____
If yes, please describe your pet's experience: _____



MEDICAL INFORMATION

Last Physical Exam: _____

DHLPPC (or equivalent): _____

Rabies Vaccination: _____ 1 year 3 year

Bordatella: _____

Heartworm Test: _____ Heartworm Prevention: _____

Last Purchase Date: _____

Flea Prevention: _____ Purchase Date: _____

Last Fecal Exam: _____

Does your pet have any old or current injuries/heath 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 medication(s)? Yes No

If yes, please name the medication(s) and the reason(s): _____

My pet will require The Barkley to administer medications: (note: we charge \$1.50 per dosage and \$5 per injection.)

Type: _____ Reason: _____ Frequency: _____ Amount: _____

Type: _____ Reason: _____ Frequency: _____ Amount: _____

Type: _____ Reason: _____ Frequency: _____ Amount: _____

Type: _____ Reason: _____ Frequency: _____ Amount: _____

Type: _____ Reason: _____ Frequency: _____ Amount: _____

All medications shall be clearly labeled and include written instructions with pet's name, type of medication, dosage, and schedule.

Is your pet allergic to any medications, foods, or treats? Yes No

If yes, please list and describe the reaction(s): _____

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PERSONALITY PROFILE

(Things to know about my pet.... because you'll find out anyway!)

ATTRIBUTES

- fence climber
- digger
- jumps
- protective
- mouthy
- fear of noise/thunder
- house broken
- paper/litter 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:

- Grabbing collar
- Getting hugs
- Being brushed
- Being around other dogs/cats
- Being touched while sleeping
- Being touched on ears
- Being touched on paws
- Being touched on mouth
- Being touched on tail
- Having nails clipped

LIKES

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DISLIKES

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PLAYS BEST WITH:

- No dogs
- Big dogs
- Little dogs
- Older dogs
- Younger dogs
- Puppies

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

If yes, please explain: _____

Additional information I would like you to know about my pet: _____

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DAY CARE AGREEMENT

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

1. I specifically represent to The Barkley that I am the legal owner of my dog, In addition, my dog is healthy, my dog meets The Barkley's published 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 thirty day period immediately prior to services. I further represent that each time my dog is brought to The Barkley, 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 admission. I further agree to inform The Barkley of any changes in my dog's condition and/or behavior prior to subsequent services. In addition, I agree that if any fleas or ticks are discovered on my dog at any time, The Barkley will administer a flea bath at my expense.
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 7 a.m. and 7 p.m. Dogs not picked up by closing time (7 p.m.) will be deemed overnight guests at a nightly rate of \$24.00 (unless scheduled for transportation service). I agree to pay the applicable service rates in effect on the date my dog utilizes the services requested and understand that all pass plan sales are final with no refunds issued for unused portions. Pass plans are valid for 12 months from purchase date. I also agree that my dog shall not be released from the facility until all charges due are paid in full. We require 24 hour notification in the event of cancellation to avoid charging for missed appointments.
4. I understand that day care at The Barkley 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 The Barkley. I further understand and agree that any problems that develop with my dog will be treated as deemed best by the staff of The Barkley, in their sole discretion. I authorize The Barkley 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 The Barkley, its employees and representatives, provided reasonable care and precautions are followed. Under no circumstances will The Barkley be liable for consequential damages or damages beyond the replacement value of my dog.
5. I understand The Barkley reserves the right to refuse admittance to any dog that lacks proof of vaccinations, displays signs of untreated or potentially contagious conditions, demonstrates aggressive behavior, or who fails our standard health and temperament policies.

I certify that I have read, understand and will abide by the rules and regulations as set forth in this Agreement.

Signature of Owner

Print Name

Date



DAY CARE INTERVIEW

- Friendly with people
- Friendly & playful with other dogs
- Well-adjusted
- Shows no aggression towards other dogs
- Shows no aggression towards people
- Comes when called
- Easy to catch & handle
- Easy to lead
- Timid around new people
- Fearful & nervous around other dogs
- Overly dependent
- Shows aggression towards other dogs
- Shows aggression towards people
- Rarely comes when called
- Difficult to catch & handle
- Difficult to lead

Other comments: _____

PASS **FAILED**

Recommendations: _____

Examiner's Signature _____ Screening Date _____