

DAYCARE & BOARDING APPLICATION



***PLEASE FILL OUT ONE FORM PER DOG.**

***FAX OVER YOUR DOG (S) VACCINATION RECORDS TO: (315)-468-2277 OR
EMAIL TO INFO@CNYCLUBHOUSE.COM**

***AFTER WE HAVE THE APPLICATION AND RECORDS WE WILL CALL YOU TO
SCHEDULE YOUR K9 BEHAVIOR EVALUATION.**

PLEASE CIRCLE YOUR MAIN REASON FOR APPLYING: DAYCARE BOARDING

HOW DID YOU HEAR ABOUT CANINE CLUBHOUSE? BE SPECIFIC _____

YOUR NAME(S) /OWNERS: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL(S): _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ CAN WE TEXT YOU ON YOUR CELL IF NECESSARY?

PLEASE LIST ALL PERSONS THAT HAVE PERMISSION TO PICK UP YOUR DOG(S) BESIDES
YOU: _____

IF WE CAN'T GET IN TOUCH WITH YOU WHO CAN WE CONTACT IN AN EMERGENCY?

(PLEASE ENSURE THIS PERSON IS AWARE THAT THEY ARE THE EMERGENCY CONTACT)

NAME(S): _____

CELL PHONE: _____ OTHER PHONE: _____

VETERINARIAN

HOSPITAL NAME & PHONE #: _____

DR. NAME: _____

PET INFORMATION

NAME: _____

SEX: M / F SPAYED/NEUTERED? Y / N

AGE: _____ WEIGHT APPROX.: _____

BREED: _____ COLOR: _____

BIRTHDAY: _____ MICRO CHIPPED? Y / N

FEEDING SCHEDULE: AM NOON PM

BRAND OF FOOD: _____

IS YOUR DOG ALLOWED TO HAVE TREATS WHILE HERE AT CANINE CLUBHOUSE? Y / N

IS YOUR DOG A RESCUE FROM A SHELTER? FROM WHERE? _____

HOW LONG HAVE YOU HAD HIM/HER? _____

IF YOU HAVE NOT HAD HIM/HER FROM PUPPY HOOD, WHAT DO YOU KNOW OF ITS PRIOR HISTORY _____

HAS YOUR DOG HAD ANY OBEDIENCE TRAINING? Y / N IF SO WHERE? _____

TEMPERAMENT

PLEASE CIRCLE THE PHRASE THAT BEST DESCRIBES HOW YOUR DOG REACTS TO OTHER

DOGS: PLAYFUL SHY OUTGOING SUBMISSIVE AFFECTIONATE QUIET
EXCITABLE INSECURE HESITANT

CIRCLE YOUR DOG’S MAJORITY ACTIVITY LEVEL LOW MEDIUM HIGH

TOY POSSESSIVE ? Y /N FOOD POSSESSIVE ? Y /N

HOUSE TRAINED ? Y /N DIGGING? Y /N EXCESSIVE BARKING ? Y /N

PLEASE INDICATE YES FOR ANY SITUATIONS WHICH MIGHT CAUSE YOUR DOG TO REACT IN A NEGATIVE OR UNFRIENDLY MANNER...

___ TOUCHING EARS, TAIL, PAWS ___ BEING TOUCHED WHILE SLEEPING

___ TOUCHING THEIR COLLAR ___ REMOVING A TOY FROM HIS/HER MOUTH

___ OTHER (PLEASE EXPLAIN) _____

HAS YOUR DOG EVER ATTENDED DOG DAYCARE IN THE PAST? Y /N WHERE? _____

DOES YOUR DOG CURRENTLY GO TO ANOTHER DOG DAYCARE? Y / N WHERE? _____

HAS YOUR DOG EVER BEEN BOARDED/KENNELED IN THE PAST? Y/N ANY ISSUES/
PROBLEMS WHEN THERE? _____

HAS YOUR DOG EVER PARTICIPATED IN PLAY AT A DOG PARK? Y / N

HAS YOUR DOG EVER BITTEN SOMEONE? Y / N

HAS YOUR DOG EVER BEEN IN A FIGHT OR BITTEN ANOTHER DOG? Y / N

HAS YOUR DOG EVER ESCAPED OR ATTEMPTED TO ESCAPE BY JUMPING OR CLIMBING
FENCES? Y / N

DO YOU WALK/EXERCISE YOUR DOG? Y / N. HOW OFTEN? _____

HEALTH

DOES YOUR DOG HAVE ANY HEALTH CONCERNS THAT YOU ARE AWARE OF? Y / N

DESCRIBE: _____

DOES YOUR DOG RECEIVE HEARTWORM PREVENTATIVE? Y / N

BRAND: _____ FREQUENCY: _____

DOES YOUR DOG RECEIVE FLEA AND TICK PREVENTATIVE? Y / N

BRAND: _____ FREQUENCY: _____

DOES YOUR DOG HAVE ANY MEDICAL RESTRICTIONS ON HIS/HER ACTIVITIES? Y / N

IF YES, DESCRIBE: _____

IS YOUR DOG CURRENTLY ON ANY MEDICATION BESIDES FLEA & TICK MEDS? Y / N

IF YES, FOR WHAT? : _____

MED SCHEDULE: _____

DOES YOUR DOG HAVE ANY ALLERGIES? Y / N

IF YES, DESCRIBE: _____

IS THERE ANYTHING ELSE THAT YOU BELIEVE WE SHOULD KNOW ABOUT YOUR DOG?

WHEN WOULD YOU LIKE TO START DAYCARE? _____

WHAT DATE(S) WOULD YOU LIKE TO STAY FOR BOARDING? (IF APPLICABLE) _____

SIGNATURE OF OWNER _____ DATE _____

CANINE CLUBHOUSE MEDICAL RELEASE FORM

This is a required form for all CANINE CLUBHOUSE LLC participants receiving services.

First and foremost the safety and well-being of your pet(s) is of the highest importance. Ensuring that your pet remains safe and well cared for is our first responsibility and as such we take it very seriously. We do our best to have our pet parents screen for pre-existing health conditions but some factors may be beyond our control. **In the event that a medical emergency arises while your pet is at our facility or participating in a service that we provide, it is imperative that we are immediately able to get them medical treatment at the closest available facility.** We will call ahead to the veterinary offices in closest proximity geographically to us to ensure they can handle the present emergency. Your pet will be rushed to the closest available facility for treatment and you will be notified. We notify you (the owner) after we have secured a medical treatment center for the animal to avoid delays that may be caused by emotion on the part of the owner. Our goal is to get your pet medical attention as quickly as humanly possible and avoid any distractions that may interfere with that process.

For that reason it is a requirement to have our pet parents sign this form.

I understand in the event of a medical emergency, that CANINE CLUBHOUSE LLC, at its sole discretion, will deem the need for the immediate attention of a licensed veterinarian. **I authorize CANINE CLUBHOUSE LLC to seek medical attention at the closest available veterinary facility. I further agree that I am financially responsible for any medical treatment my pet(s) receives as a result of a medical emergency while attending services provided by CANINE CLUBHOUSE LLC.** Please be aware that emergency veterinarian fees can be quite costly, particularly if surgery is involved.

Printed Name _____ Date _____

Signature of Owner _____



CANINE CLUBHOUSE PET CARE AGREEMENT
(updated 1-01-2016)

Dog's Name _____ Age: _____ Breed: _____

1. I understand that if my dog is not picked up on time or by a date specified, that I will incur a late fee charge of 0.50/minute. I further understand that I will be charged a returned check fee of \$30.00. Full payment is due at time of pick-up for my pet. All packages purchased are non-refundable. There will be a \$20.00 cancellation fee per dog for not cancelling your boarding reservation before 48 hours of your reservation date. There will be a \$20.00 cancellation fee if grooming appointment is canceled without 24 hour notice.
2. I understand that CANINE CLUBHOUSE LLC has relied upon my representation that my dog is in good health and has not injured or shown aggression or threatening behavior to any person or dog in admitting my dog for services at your facility. I also agree that my pet has not been exposed to any contagious diseases within a thirty-day period prior to check in. During the period of this Agreement, I also agree to notify CANINE CLUBHOUSE LLC of any known exposure of my pet to a communicable disease and to hold my pet out of attending CANINE CLUBHOUSE until my pet is symptom free for 30 days, or with written veterinary clearance. I further agree to maintain currency of vaccinations as required by CANINE CLUBHOUSE LLC and give all updated records to the staff when updated.
3. I agree that CANINE CLUBHOUSE LLC is NOT responsible for any items brought in with my pet(s) that may be lost, damaged, or eaten. I further agree that services provided are done so without liability to CANINE CLUBHOUSE for loss or damage from disease, death, running away, theft, fire, or other unavoidable causes.
4. I further understand that CANINE CLUBHOUSE LLC, owners, staff, partners and volunteers, will not be liable, financially or otherwise, for injuries to my dog, myself or any property of mine while my dog is participating in services provided by CANINE CLUBHOUSE LLC. I hereby release CANINE CLUBHOUSE LLC of any liability of any kind arising from my dog's participation in any and all services provided by CANINE CLUBHOUSE LLC.
5. I further understand and agree that any problems with my dog; behavioral, medical or otherwise will be treated as deemed best by staff of CANINE CLUBHOUSE LLC in sole discretion, and in what they view as the best interest of the pet. I understand that I assume full financial responsibility and all liability for any and all expenses involved in regards to the behavior and health of my dog. **I understand that if my dog instigates an altercation with another dog(s), and injuries requiring veterinary attention results, I am financially responsible.**
6. I further understand that there are risks and benefits associated with group socialization of dogs. I agree that the benefits outweigh the risks and that I accept the risk. I desire a socialized environment for my dog while attending services provided by CANINE CLUBHOUSE LLC and while in their care. I understand that while the socialization and play is closely and carefully monitored by Canine Clubhouse staff to prevent injury, it is still possible that during the course of normal play my dog may receive minor nicks and scratches from roughhousing with other dogs. Staff upon pick-up will point out any injuries to my dog.
7. I understand by allowing my dog to participate in services offered by CANINE CLUBHOUSE LLC. I hereby agree to allow CANINE CLUBHOUSE LLC to take photographs or use images of my pet in print form or otherwise for publication and/or promotion.
8. I further understand that I am solely responsible, financially or otherwise, for any harm or damage to the facility caused by my dog while my dog is attending any services provided by CANINE CLUBHOUSE LLC.
9. I hereby authorize CANINE CLUBHOUSE LLC to take whatever action is deemed necessary for the continuing care of my dog. I will pay CANINE CLUBHOUSE LLC, the cost of any such continuing care upon demand by CANINE CLUBHOUSE LLC. I understand that if I do not pick up my animal, CANINE CLUBHOUSE LLC, will proceed according to the guidelines provided by New York Statute Abandonment of animals by owner; procedure for handling. I also acknowledge that I will be fully responsible for all attorney's fees and associated costs if I abandon my dog. I shall remain liable to CANINE CLUBHOUSE LLC for all unpaid charges, including without limit, the court costs and reasonable attorneys' fees incurred in the collection of the charges.
Abandoned Pet Procedure: Unless otherwise required by applicable law, if I fail to pick up my pet by the designated time:
 - a. All Services will stop, with the exception of medication administration necessary to ensure pet health and safety and basic boarding services (food, water, relief time and shelter). Daycare guests may be converted to boarding services if the pet has not been picked up within the lobby hours and I shall pay the expense;
 - b. CANINE CLUBHOUSE LLC will attempt to contact me by telephone and/or in writing using the information that I have provided, advising me that if my pet is not picked up within a reasonable time period, my pet will be deemed to be abandoned and that CANINE CLUBHOUSE LLC will deliver the pet to a third party adoption partner, Animal Control or other similar government agency. I understand that I may lose ownership of my pet under these circumstances. If I fail to pick-up my pet for any reason, I RELEASE CANINE CLUBHOUSE LLC FROM ALL FURTHER LIABILITY AND RESPONSIBILITY FOR MY PET.

Printed Name _____ Date _____

Signature of Owner _____