



Red Woof Inn Doggie Daycare
1870 Hwy 311, Central North River
902-957-6997
information@redwoofinn.ca

****** Please Fill Out Separate Forms for Each Dog In Household******

Client Information

Owner First and Last Name _____

Spouse or Partner's Name _____

Address _____

City _____ Postal Code _____

Phone _____ Cell Number _____

Email _____

Typical Work Hours _____

Emergency Contact Information (Friend or Family)

Alternate Person Who May Pick Up Dog

Special Password

Pet Information

Dog Name _____

Dog Age _____ Birthdate _____

Breed _____ Weight _____

Male Female Spayed or Neutered Yes No

Valid Tag or Licence Number _____

Microchip or Tattoo Number _____

Pet Health: Please Attach A Photocopy Of Immunization Record

Dog Has Received Complete Immunization For:

DHLPP Bordetella Rabies

Name And Phone Number of Vet: _____

Clinic Name _____

Medical Conditions _____

Allergies _____

Has Flea/Tick Prevention Yes No

Has Heartworm Prevention Yes No

Physical Limitations (Sore Back, Hip Dysplasia, Etc.)

Is Your Pet Insured Yes No

Name Of Company _____

Pet Background

Previous Obedience Training _____

Previous Daycare Experience _____

Is Your Dog Crate Trained Yes No

Any Sensitive Spots Yes No

How Long Have You Owned This Dog? _____

How Does Your Dog React to New Dogs? _____

Dog Is Afraid Of _____

Dogs Preferred Reward _____

Favourite Toy _____

Favourite Game _____

Pet Behaviour Challenges (Check All That Supply)

Biting Or Growling At People (Explain) _____

Aggression Towards Other Dogs (Explain) _____

Shyness **Jumping on People** **Jumping Over Fences**

Running Away **Chewing or Digging** **Chasing Small Animals**

Leash Pulling **Excessive Leash Pulling** **Escaping Through Doors**

Other _____

Feeding _____

Current Feeding Schedule _____

Feeding Instructions **Time(s)** _____ **Amount** _____

Preferred Brand _____

Treats Ok? **Yes** **No**

Any Foods or Treats Your Dog Cannot Have _____

Preferred Attendance Dates

Monday **All Day** _____ **am** _____ **pm**

Tuesday **All Day** _____ **am** _____ **pm**

Wednesday **All Day** _____ **am** _____ **pm**

Thursday **All Day** _____ **am** _____ **pm**

Friday **All Day** _____ **am** _____ **pm**

Saturday **All Day** _____ **am** _____ **pm**

Sunday **All Day** _____ **am** _____ **pm**

Payment _____

Cost Per Day _____ **Cost Per Week** _____ **Cost Per Month** _____

Pre-Purchase Payment Received _____

Future Payment Arrangements _____

RELEASE AND WAIVER:

By filling out this application and signing below, I hereby release Red Woof Inn Doggie Daycare and all associated parties and its owners, members, investors, officers, managers, employees, and agents (hereinafter referred to as “Red Woof Inn”) from any and all liabilities for injuries or illnesses to myself, my dog, or any other property of mine which may arise in any way out of services and/or products provided by Red Woof Inn. I understand this is a full, complete, and knowing release with no right of recourse.

ANIMAL UNPREDICTABILITY AND VOLATILITY: I understand that every dog reacts differently and that animals by nature are unpredictable. I understand and acknowledge that dogs and animals may bite or cause other injury to humans and other dogs without warning or reason. I acknowledge and understand that there are certain risks involved in a social environment, day care, including but not limited to dogfights, dog bites to humans or other dogs, and the transmission of disease.

INDEMNITY: The undersigned, by execution of this document, agrees that he, she or they shall indemnify and defend Red Woof Inn and hold each of them harmless from any claim, demands, causes of actions or damages, including reasonable attorney’s fees, arising out of any action or damage or injury done or caused by their dog to any animal, individual or individuals while in the care of Red Woof Inn. Any medical expenses will be my responsibility and I release Red Woof Inn from any charges

I Have Read and Understood the Liability Waiver And Release Form

Client Signature _____ Date _____

SPAY NEUTER POLICY: I also understand that all dogs of appropriate age must be spayed or neutered. Spays and neuters must take place before the dogs’ 1st birthday as per our insurance provider’s requirements.

VACCINATIONS/PARISITE PREVENTION:

All dogs attending daycare or boarding are required to be on a flea/tick prevention program, and up to date on DHLPP, Rabies, and Bordetella

HOURS OF OPERATION AND CHARGES:

I also understand that Red Woof Inn’s hours are Monday – Friday from 7:00 am to 6:00 pm, Saturday and Sunday 9:00 am – 11:00 am and 4:00 pm – 6:00 pm and I must promptly pick up my animal before 6:00 pm (or 1pm for half-days). Late charges of \$1.00 per minute may be applied otherwise. Reservations for boarding and daycare are required, and cancellations not made by 6:30pm one business day prior to the scheduled visit may be charged full fees and invoiced to the parent. By signing below, I accept exclusive and sole responsibility, financial or otherwise, for these and all other risks and release Red Woof Inn and all related parties of all liability.

PARHEALTH CONCERNS

Red Woof Inn takes great pride in the cleanliness standards we maintain. Like a daycare for children, dogs can pass viruses and parasites from one to another. Some illnesses like “Kennel cough” are contagious even before symptoms are present.

All dogs are required to be healthy at the time of check-in. If your dog has been vomiting, having diarrhea, coughing, retching, or showing any signs of illness, please leave them home. If your dog becomes ill at daycare, you will be notified and are required to make arrangements for pick up as soon as possible.

MEDICAL EMERGENCY POLICY: In case of medical emergency and I understand that full effort will be made to reach me or my emergency contact. However, failing so, I give full permission for Red Woof Inn to make any needed decision concerning medical treatment of my dog(s). I authorize urgent veterinary treatment of my animal(s) and I understand that I will be fully responsible for all fees and charges incurred on my behalf. Red Woof Inn reserves the right to utilize the services of any available veterinary clinic I agree to reimburse Red Woof Inn for the cost of the medications.

NATURAL DISASTER POLICY: In the event of a natural disaster (i.e., Hurricane, flooding, earthquake, etc.) I understand it is my responsibility to pick up my pet (or plan for pick-up) in a timely manner and in accordance with any mandatory evacuations etc. I understand that Red Woof Inn will do everything reasonably possible to secure the safety of my pet during a natural disaster and I agree to indemnify, release, and hold Red Woof Inn harmless of any and all liability related to any natural disaster of any sort.

SOCIAL MEDIA POSTINGS: Red Woof Inn posts pictures of dogs visiting their daycare. Please initial {_____} I permit Red Woof Inn to post pictures or videos of my dog.

Signature: _____ Date: _____

Please initial below statement as well.

{_____} I understand that prior to boarding my dog at Red Woof Inn my dog is required to attend doggie daycare for a trial visit if they are 6 months old or older.

{_____} I have read and agree to adhere to Red Woof Inn's Client Safety Plan.

<https://redwoofinn.ca/client-safety-1>

