



675 NE Hemlock Ave. Suite 112

Redmond, Oregon 97756

(541) 526 – 1822

Daycare Application

CLIENT INFORMATION:

Owner's Name(s):

Address:

City:

State:

Zip:

Email:

Cell:

Work:

Home:

EMERGENCY CONTACTS:

Name:

Phone:

Relationship:

Others authorized to pick-up my dog:

Veterinary Clinic:

Preferred Veterinarian:

Clinic Address:

Phone:

PET INFORMATION:

Pet's Name:

Primary Breed:

Color:

Sex:

Male

Female

Spayed

Or

Neutered

Weight:

Birth Date:

Length of ownership:

This dog is from:

Rescue

Breeder

Shelter

Other:

Has your dog ever boarded or attended daycare?

Yes

No

If yes, when, and where:

MEDICAL INFORMATION:

DHPP VACCINATION:

1 Year

3 Years

RABIES VACCINATION:

1 Year

3 Years

BORDETELLA VACCINATION:

1 Year

3 Years

Has your dog ever had kennel cough?

Yes

No

Any Allergies?

Yes

No

If YES, please explain:

Does your dog have any acute or chronic injuries?

Yes

No

If YES, please explain:

Is your dog taking medications?

Yes

No

If YES, please explain:

BEHAVIORAL INFORMATION/CONCERNS:

Does your dog show aggressive behaviors?

Yes

No

If YES, please explain:

Does your dog handle nail clippings?

Yes

No

Has your dog ever bitten a person?

Yes

No

Does your dog handle a bath?

Yes

No

Has your dog ever bitten a dog?

Yes

No

Please list all other concerns:

Additional information we should know about your dog:

DAY CARE TERMS AND CONDITIONS (Please Initial Each Line):

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

I specifically represent to Alpine K9 LLC that I am the legal owner of my dog. In addition, my dog is healthy, my dog meets Alpine K9 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 30-day period immediately prior to admission to day care. I further represent that each time my dog is brought to Alpine K9, 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 to admission. I further agree to inform Alpine K9 of any changes in my dog's condition and/or behavior prior to any day care visit.

I understand that my dog must be spayed or neutered prior to attending day care (if 9 months of age or older). Furthermore, if our dog exhibits inappropriate behavior before the 9-month period, Alpine K9 has the right to refuse daycare services until the dog is sprayed or neutered.

I understand day care is offered between 7:30 A.M. - 5:30 P.M. Monday - Friday. Dogs not picked up by closing time (5:30 P.M.) will be charged a \$10.00 late fee. If I notify Alpine K9 that I am running late by 5:15 pm the fee will not be charged.

I understand that my dog is required to be fully vaccinated, (including Distemper, Parvo, Rabies and Bordetella) and I will provide Alpine K9 with proof from my veterinarian. I agree to provide Alpine K9 with annual updates of my dog' s vaccination records. I acknowledge that it is my responsibility to ensure that my dog continues to be fully vaccinated and that Alpine K9 reserves the right to remove my dog from the facility if it is not fully vaccinated.

I understand that the leash-free environment at Alpine K9 provides dogs the opportunity to play in close physical contact, including with their teeth and paws. I acknowledge that no amount of supervision or personalized care by Alpine K9, its agents or employees, can prevent the possibility of injury or illness to my dog.

I understand that day care at Alpine K9 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 Alpine K9. I agree to indemnify and hold Alpine K9 from any and all claims, liabilities, costs and expenses, including veterinarian costs, court costs, and attorney fees, arising out of any harm or injury caused by my dog to other dogs or persons. I authorize Alpine K9 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 Alpine K9, *its* employees, agents, and representatives for any injury, illness, or harm to my dog. Under no circumstances will Alpine K9 be liable for consequential damages or damages beyond the replacement value of my dog.

I understand Alpine K9 reserves the right to refuse admittance to any dog that displays signs of untreated or potentially contagious conditions, demonstrates aggressive behavior, or who fails our standard health and temperament policies. I further understand and agree that any problems that develop with my dog will be treated as deemed appropriate by the staff of Alpine K9, in their sole discretion.

In the event any provision of this agreement is declared by a court of competent jurisdiction to be unenforceable, the remaining provisions shall remain in full force and effect.

I certify that I have read, understand, and agree to be bound by the terms and conditions as set forth herein.

Signature of Owner

Print Name

Date