



Daycare/Boarding Registration Form

Please fill out separate forms for each dog in household

Today's Date: _____

Client Information

Owner First and Last Name: _____

Spouse or Partner Name (If applicable): _____

Address: _____

City: _____ ZIP/PC: _____

Phone: _____ Cell phone: _____

Email: _____

Typical work hours: _____

Emergency Contact Info (friend or family): _____

Alternate person who may pick up dog: _____

Special Password: _____

Pet Information

Dog Name: _____

Dog Age & Birth Date: _____

Breed: _____

Weight: _____

Check one:

☐ Male

☐ Female

Check one:

☐ Spayed

☐ Neutered

☐ Unaltered

Valid Tag or License #:

Microchip or Tattoo Number:

Pet Health *Please attach a photocopy of immunization record*

Dog has received complete immunizations for (check all):

☐ DHLPP

☐ Bordetella (Kennel Cough)

☐ Rabies

Name and phone number of vet:

Clinic Name:

Medical Conditions:

Allergies:

Has had flea/tick prevention:

☐ Yes ☐ No

Has had heartworm prevention:

☐ Yes ☐ No

Physical Limitations (sore back, hip dysplasia, etc.):

Insured?

Name of Company:

Pet Background

Previous obedience training:

Previous daycare experience:

Is dog crate-trained?

☐ Yes ☐ No

Does dog enjoy grooming?

☐ Yes ☐ No

Any sensitive spots?

☐ Yes: _____ ☐ No

How long have you owned this dog?

How does your dog react to new dogs he or she meets?

Dog is afraid of:

Dog's preferred reward:

Favorite toys: _____

Favorite games: _____

Other notes: _____

Pet Behavioral Challenges (check all that apply):

☐ Biting or growling at people (explain) _____

☐ Aggressiveness with other dogs (explain) _____

☐ Aggressive with/fearful of children (explain) _____

- | | |
|---|--|
| <input type="checkbox"/> Shyness | <input type="checkbox"/> Jumping on people |
| <input type="checkbox"/> Jumping over fences | <input type="checkbox"/> Chewing or digging |
| <input type="checkbox"/> Chasing small animals | <input type="checkbox"/> Escaping out an open door |
| <input type="checkbox"/> Excessive pulling on leash | <input type="checkbox"/> Pulling out of leash |
| <input type="checkbox"/> Running away | |
| <input type="checkbox"/> Other _____ | |

Feeding

Current feeding schedule: _____

Feeding instructions (time, amount): _____

Preferred brand: _____

Treats okay? ☐ Yes ☐ No

Any food/treat dog may NOT have? _____

Policies

- A behavioral assessment/meet and greet is required for all new clients prior to acceptance into daycare or boarding.
- It is the client's responsibility to provide vaccine records (computer printed, on letterhead from a licensed veterinarian's office) upon initial acceptance as a client and every six months thereafter, as vaccines are updated.
- We reserve the right to decline and/or discharge dogs with any aggression, rough play, resource guarding, excessive barking or other disruptive/destructive behaviors.
- We reserve the right to charge a fee if your dog causes damage to facility property that will require repair/replacement (examples - walls, flooring).
- All dogs must be dropped off for boarding at least one hour prior to the end of business hours for that day.
- **Tuesday - Saturday** boarding pick up time is before noon on your dog's last day. Any pick ups after noon must be scheduled ahead of time and a full daycare fee will be assessed.
- We are closed to the public on Sunday and Monday. **Boarding pick up and drop off on these days is promptly at noon. Failure to arrive on time (without advance notice of at least two hours) may result in your pick up or drop off being rescheduled to the next day, with an additional boarding charge being assessed.**
- Full deposit and cancellation policies can be found on our website.
- Rates are subject to change. All current rates can be found on our website.
- There are no pick up or drop off times on holidays.

I have read and understand the requirements and policies of Adirondog Suites and understand that these requirements and policies may change at anytime. I acknowledge that all current requirements, policies and pricing can be found on the company website.

Client's Signature

Client's Name (Printed)

Date
