

CLUB HOLLYWOOF INN & SUITES

DOGGIE DAYCARE AND BOARDING

Day Care and/ or Boarding Registration & INTAKE FORMS

www.clubhollywoof.com

This DOG DAYCARE & BOARDING AGREEMENT (Agreement”) is made this _____ day of _____, 20____,

by and between Club Holywoof Doggie Day Care, LLC (“CHWDDC ”) and _____ (hereinafter known as “Pet Owner”). WHEREAS, CHWDDC wishes to provide dog daycare and/or boarding services and Pet Owner wishes to accept such service on the terms and under the conditions recited below; The Parties, intending to be legally bound, hereby agree as follows:

POLICIES & PROCEDURES

INITIAL

1. Prices for Services are detailed in our Services & Pricing Guide. Prices are subject to change, it is ultimately your responsibility to be aware of current policies and rates. Payment for all services is required at the time of Drop-off. Cash and credit card payments are accepted. All sales are final, no refunds. All prices are subject to change. If CHWDDC Owners approve a refund, it will be in the form of House Credit.
2. CHWDDC reserves the right to not accept a dog into daycare or boarding for any reason. All rules of the center are subject to change at the sole discretion of CHWDDC.
3. CHWDDC agrees to provide a cageless, off-leash environment for your dog to exercise and socialize with other dogs and our staff during daycare hours. CHWDDC boarding services are cageless or caged depending on owner’s wants and needs; dogs are attended to 24/7 while being boarded with CHWDDC.
4. In the event that your dog becomes ill while in the care of HWDDC we will attempt to contact you. If you are not available, we will attempt to contact your veterinarian. At the discretion of CHWDDC, your dog may be taken to an Emergency Veterinary Clinic, or a veterinarian of CHWDDC’s choice. It is understood that all expenses incurred due to your dog’s illness or accident are the sole responsibility of the Pet Owner. Any expenses due CHWDDC are to be paid in full at the time that you drop your dog up from CHWDDC. We will not bill you or accept partial payment. In addition, we will charge our current pet taxi rates for the visit to the vet. Pet Owner authorizes CHWDDC and its representatives to obtain medical treatment for the dog, in the event of an illness or accident.
5. Pet Owner agrees to hold CHWDDC, its members, owners, directors, officers, agents, employees and lessor of the premises, harmless from any and all claims for loss or injury (including legal fees) which may be alleged to have been caused directly or indirectly to any person or thing by the act of the dog, and Pet Owner personally assumes all responsibility and liability for any such claim. Pet Owner further agrees to hold aforementioned parties harmless from any claim (including legal fees) for loss of the pet by disappearance, theft, death or otherwise, and from any claim or damage or injury to the dog whether such loss, disappearance, theft, damage or injury be caused or alleged to be caused by the negligence of CHWDDC or any of the parties aforementioned. Pet Owner assumes sole responsibility for and agrees to indemnify and save the aforementioned parties harmless from any and all loss and expense (including legal fees) by reason of liability imposed by law upon any of the aforementioned parties for damage because of bodily injuries, including death at any time resulting wherefrom, or sustained by any person or persons, including Pet Owner, howsoever such injuries, death or damage to property may be caused, and whether or not the same may have been caused or alleged to have been caused by the negligence of the aforementioned parties or any of their employees, agents, trainers or any other persons

_____ 6. Pet Owner certifies that he/she is the actual owner of the dog, or is the duly authorized agent of the actual owner whose name is entered above. All Dogs must have a complete up-to-date Intake & Registration Form.

_____ 7. Pet Owner represents that the pet is free of any infectious disease and is vaccinated for DHPP (Distemper/Parvo Virus), Bordatella, Rabies, Canine Influeza (H3N2). Pet Owner represents the pet is also free of contagious parasitic problems, whether internal or external (including fleas & ticks), and is free of any contagious skin disorder. Dogs MUST be on some type of flea and heartworm control.

_____ 8. Pet Owner gives CHWDDC the right to take photographs of your dog and use for marketing and/or advertising on any platform CHWDDC chooses.

_____ 9. Pet owner is aware that the CHWDDC center is a cageless daycare facility and boarding facility by night, and is aware that there is inherent risk of illness and injury when dealing with animals.

_____ 10. All Dogs must complete a behavior and physical evaluation prior to any daycare or boarding agreement. Exception can be made at the discretion of CHWDDC Owners. CHWDDC has the right to refuse service or suspend service to anyone for any reason.

_____ 11. Abandonment: I understand that if I do not pick up my dog at all, CHWDDC will proceed according to the guidelines provided by Florida Statute 705.19 Abandonment of Animals by Owner; procedure for handling. I also acknowledge that I will be fully responsible for all attorneys' fees and associated costs if I abandon my dog.

_____ 12. This Agreement sets forth the entire agreement between the Parties with regard to the subject matter hereof. This agreement may be modified, superseded, or voided only upon the written and signed agreement of all the Parties.

_____ 13. Resolution of Disputes. Any controversy or claim arising out of or related to this Agreement shall be settled by arbitration administered by the American Arbitration Association. Judgment upon the award rendered by the arbitrator may be entered in any court having jurisdictions thereof. The proceedings on such arbitration shall be held in Orlando unless the parties otherwise agree. The laws of the Commonwealth of Florida shall apply to the dispute. The prevailing party shall be entitled to an award of attorneys' fees and costs. Pet owner's damages, if any, shall be limited to the monetary value of said pet.

_____ 14. Pet Owner represents that the information in the attached Dog Daycare application and/or Boarding In-Take Form is true and that CHWDDC is reasonable to rely on the accuracy of said information.

I have read and understand the terms set forth above. I agree to abide by all the terms, conditions and statements of this CHWDDC.

Signature: _____ PrintName _____

Date: _____

*Please bring all the dogs vaccinations and complete medical forms the 1st day of the pets visit with us.

2417 E South ST, Orlando, FL 32803

Emergency contact: phone- (407)701-9011/ email: hollywoofddc@aol.com

It is important that you provide all of the information below so that we have the correct contact information on file. Please note, Club Hollywoof Doggie Day Care uses email to send invoices and confirmation of reservations or cancellations. Please be sure to provide a valid email address. If any of the information below changes, please contact our office so we may update your records.

Primary Owner

First Name _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Please circle the phone number that is best to reach you during business hours:

Home Phone _____ Work Phone _____

Cell Phone _____

Email _____

Secondary Owner (authorized to schedule service & make decisions regarding the care of your pet)

First Name _____ Last Name _____

Home Phone _____ Work Phone _____

Cell Phone _____

Email _____

Daycare and Boarding Application



Pet Information

Dog #1:

Dog's Name _____ Breed _____ M / F

Birthday (or age) _____ Spay/Neuter _____

Dog #2:

Dog's Name _____ Breed _____ M / F

Birthday (or age) _____ Spay/Neuter _____

*If any additional pets please add them on the back of this page.

Can we take photographs of your dog and use them as marketing and or advertising? Y/ N How did you hear about us? _____

Are you primarily seeking daycare or boarding? (Circle One or Both)

Do you administer monthly flea and tick preventative? Y / N

Monthly heartworm preventative? Y /N

Is your dog 10 pounds or less? Y / N Is your dog 12 weeks or older? Y / N

Does your dog have any allergies that you are aware of? (if so please list)

Does your dog like children? Y / N / unsure Strangers? Y / N / unsure Puppies? Y / N/ unsure

Does your dog shred toys, pull out stuffing, or destroy beds? Y / N

Has your dog had any formal obedience training? Y / N When and where _____

What else would you like to tell us about your dog?

Additional Information

1. How often has your dog interacted with other dogs? (dog parks, other daycares, family and friends dogs) _____ If so how does your dog behave with other dogs?

2. Has your dog ever growled or snapped at anyone for taking his/her food or toys away? Y / N

3. Has your dog ever shared food or toys with other animals? Y / N

4. Is your dog afraid of anything such as loud noises, thunderstorms, men? _____

5. Are there any other triggers we should know about? _____

6. Has your dog every bitten or broken skin of any person or dog, attacked a small animal(bird, squirrel, cat, etc.), or do they have a record with the city government or animal control of a vicious dog attack. Y / N If your answer is yes, please explain:

7. Is your dog familiar with any commands? Y/N If yes, please let us know which ones

Emergency Contact Info

Your emergency contact should be someone local and someone that, in the event of emergency, has access to your home.

Emergency Contact Name _____
Home Phone _____ Work Phone _____ Cell Phone _____

Vet Information and Release Form

Vet Clinic _____
Address _____ City _____ State _____ Zip _____
Phone _____

I understand that in the event of an emergency, Club Hollywoof Doggie Day Care will make every attempt to contact me. In the event that I cannot be reached, I authorize the following:

In the event of illness or injury, I authorize Club Hollywoof Doggie Day Care to seek appropriate medical treatment for my pet. I understand that every effort will be made to take my pet to the vet clinic specified on the emergency form if the situation permits however; Club Hollywoof Doggie Day Care has the authority to seek treatment at any veterinary clinic.

Vet will call you upon pets arrival and discuss treatment needs with you.

Client Signature _____ Date _____

Printed Name _____

Credit Card Authorization (optional)

Club Hollywoof Doggie Day Care
2417 E South St, Orlando, FL 32803
Emergency contact: phone- (407)701-9011/ email: hollywoofddc@aol.com

I authorize Club Hollywoof Doggie Daycare to automatically charge the credit card, listed below, as payment for invoices for any and all future Club Hollywoof Doggie Day Care services. I understand that Club Hollywoof Doggie Day Care will provide me with an invoice by US email disclosing the amount of charges.

Client Information

Name (as it appears on the card) _____
Billing Address _____ City _____ State _____ Zip _____

Contact Number _____ work / cell / home (please circle)

Email Address _____

Credit Card Information

Account Number _____

Expiration Date _____

VCode _____ (3 digit code on back of card)

Visa / MasterCard / Discover (please circle)

**Note we do not take American Express*

I understand that this information will be retained on file for any future invoice charges. If you would like to change your credit card information, you will need to submit a new form to our office.

Client Signature _____ Date _____

Printed Name _____

Please return with your registration packet