Daycare Application One time evaluation fee of $25

**Client Information**

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

**Pet Information**

Dog’s Name Breed Age

Spayed/Neutered Male/Female Weight

Vet Clinic Name Vet Number

**Additional Information**

1. How did you hear about us?
2. Has your dog ever been to another daycare? If so, where?
3. Has your dog ever climbed or jumped a fence before? Y/N
4. Has your dog ever growled or snapped at anyone for taking his/her food or toys away? Y/N
5. Is your dog afraid of loud noises, thunderstorms, men, etc.?
6. Is there any medical condition or allergies we need to be aware of? Y/N
7. Has your dog ever 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 yes, please explain:
8. Has your pet ever been bitten or attacked by another pet? Y/N
9. What else would you like to tell us about your dog?

|  |  |
| --- | --- |
|  | Approved for group play-no additional comments needed |
|  | Not approved |

1. Sterling Meadows Kennel is not responsible for any health problems which may arise with your pet(s) during their daycare stay nor is the kennel responsible for any injuries which may occur in the play yard or kennel.
2. Pursuant to Section 3.26520 of the Virginia Code, I understand that if I do not claim my pet within 14 days of the contract, the kennel will remove my pet from the kennel at their own discretion, dispose of my pet as they might determine appropriate, and in accordance with

the state laws.

1. Pursuant to Virginia Code Section 3.2-6519 the following Notice is hereby acknowledged: The boarding of animals is subject to Article 4(3.2-6518 at Seq) of Chapter 65 of Title 3.2. If your animal becomes ill or injured while in the custody of the boarding establishment, the boarding establishment shall provide the animal with emergency veterinary treatment for the illness or injury- The consumer shall bear the reasonable and necessary costs of emergency veterinary treatment for any illness or injury occurring while the animal is in custody of the boarding establishment. The boarding establishment shall bear the expense of veterinary treatment for any injury the animal sustains while at the boarding establishment if the injury resulted from the establishments' failure, whether accidental or intentional, to provide the care required by 3.2-6503. Boarding establishment shall not be required to bear the cost of veterinary treatment for injuries resulting from the animals' self-mutilation.
2. Hours of operation are as followed for: 7:00AM to 7:00PM Monday through Saturday; and 12:00PM to 7:00PM Sunday. Any pet not picked up within the normal hours of operation shall be boarded in the kennel and the owner agrees to be charged and pay all normal and customary expenses incident to the establishment boarding rates of the kennel.
3. The kennel is not responsible for lost or damaged belongings that might be left with your pet.
4. Any and all photos taken of your pet, during your pets' stay are the property of Sterling Meadows Kennel.

\*\*\*Please Note: By signing your name to this daycare sheet you are agreeing to be bound by all of the terms and conditions of the Day Care agreement above. The terms and conditions set forth in the Day Care agreement above are specifically acknowledged and accepted in full by you upon placing your signature below. If you have any questions or disagree with any of the said terms, please do not sign below until you consult an employee of the kennel or such other persons you desire.

**X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Customer’s Signature

**X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Print Name