Enrollment Application

Dear Fur Baby Parent:

Thank you for your recent inquiry about our services here at Pawtastic Pet Services, we offer 7 days a week doggy day care or overnight care, we provide a safe and Healthy environment for you're fur baby as well as a fun atmosphere.

At Pawtastic Pet Services your dog will not be kept in a kennel to run, dogs will have full yard access, dogs are divided up into groups according to size, temperament and style of play.

Your fur baby will enjoy his/her playtime with our supervised staff during playtime with other fur babies.

You will need this information to register your pet for the services, **there is a one time application fee of \$10.00** which is (non refundable) for each application however for current Pawtastic clients this fee will be waived.

To enroll simply download the forms and fill them out please include current proof of vaccinations and the enrollment fee of \$10.00 this can be paid via check, money order or credit card through our website. you can return them my email or mail.

Once we have the completed application and proof of vaccinations and application fee, the paperwork will be reviewed and we will contact you and schedule your fur baby's first day at Daycare. During the first day he/she will be slowly introduced around the facility, they will be evaluated for temperament and they're behavior in a group setting. **Please note evaluations**

are done by appointment only.

Once your fur baby passes their evaluation they are welcome to come on board and start Attending Pawtastic.

If you have any questions or concerns please feel free to reach out to us at (707) 704-1768.

Pawtastic Pet Services.

Ph (707) 704-1768 Email: Pawtasticpetservices2022@gmail.com

For your safety and other guests we require all dogs and their owners to comply with the Following rules and regulations.

All Dogs must be 16 weeks or older.

ALTERED: All dogs 7 months or older must be spayed or neutered

<u>VACCINATIONS:</u> All dogs must be current on all vaccinations Owners must submit written proof of **<u>Rabies, DHLPP</u>** and **<u>Bordetella.</u>**

HEALTH: In keeping the health of all the dogs they must be healthy and not have had any illnesses within the last 30 days, if a dog has been ill within the 30 days a notice from Their veterinarian clearing them will be needed.

BEHAVIOR: Dogs must not show any **Aggression.** Towards any other dog or human please keep in mind the time your pet will be spending here with other dogs.

BREED RESTRICTIONS: Some dogs do not play well with others due to their breed and play style but we will evaluate and treat all breeds individually.

APPLICATION: All dogs must have a completed and current approved application kept on file.

Payment for all services is due at time of pick up

Services:

Full Day Daycare. Hours: 6:30 am - 7:00 pm \$60.00 per day)

10 Day Pass \$550.00 (\$55.00 per day)

15 Day Pass \$760.00 (\$50.67 per day)

20 Day Pass \$925.00 (\$46.25 per day)

30 Day Pass \$1,125.00 (\$37.50 per day)

Half Day Daycare. 6:30 am-12:00 pm \$35.00)

<u>Late Pick-Ups.</u> 7:00 pm - 9:00 pm (\$5.00 per hour)

Overnight. 5:00 pm - 11:00 am (\$95.00)

Additional Pets That Reside In The Same Household.

6:30 am - 7:00 pm (\$40.00 per day)

10 Day Pass \$350.00 (\$35.00 per day)

15 Day Pass \$525.00 (\$35.00 per day)

20 Day Pass \$700.00 (\$35.00 per day)

30 Day Pass \$975.00 (\$32.50 per day)

Half Day Daycare. 6:30 am - 12:00 pm (\$40.00)

<u>Late Pick-Ups.</u> 7:00 pm - 9:00 pm (NO CHARGE)

Overnight. 5:00 pm - 11:00 am (\$90.00)

CANCELLED OVERNIGHTS WITH LESS THAN 24 HOURS NOTICE WILL BE CHARGED FULL AMOUNT

ALL SERVICES MUST BE SCHEDULED APPOINTMENTS ONLY

*** ALL PASSES ARE NON REFUNDABLE AND EXPIRE ONE YEAR FROM DATE

OF PURCHASE ***

Owner Information

General Information: First Name: Home Phone: Last Name:_____ Cell Phone:____ Address:_____ E-Mail:_____ City:______ Zip:_____ Spouse/Partner First Name:_____ Home Phone:_____ Last Name:_____ Cell Phone:_____ Address: E-Mail: City: Zip: **Emergency Contact** First Name:_____ Home Phone: Last Name: _____ Cell Phone: _____ Address: E-Mail: City:_____Zip:_____ **Authorized To Pick-Up** First Contact: Second Contact: First Name: _____First Name: _____ Last Name: Last Name: Home Phone: Home Phone: Cell Phone: _____Cell Phone: Veterinarian Information Primary Clinic:______Dr:_____ Address: Phone:

City: E-Mail:

I;_	certify that my dog(s) is/are				
	od health and has/have not been ill with any communicable condition in the 30 days.				
	certify that my dog(s) has/have not harmed or shown aggression or tening behavior towards any person or any other dog(s).				
1.	I understand that I am solely responsible for any harm/damage to property, peopler or other dogs caused by my dog(s) while my dog(s) is/are attending Pawtastic Pet Services.				
2.	I understand and agree that in admitting my dog(s) to the facility Pawtastic's staff have relied on my representation that my dog(s) is/are in good health and has/have not harmed or shown aggressive or threatening behavior towards any person or any other dog(s).				
3.	I understand and agree that Pawtastic Pet Services and staff will not be liable for any problems that develop, provided reasonable care is given and precautions are followed and I hereby release them of any liability related to my dog(s) attendance and participation at Pawtastic Pet Services.				
4.	scratches at daycare and any problems that develop with my dog(s) will be treated as deemed best by the staff at Pawtastic Pet Services, at there discret and that I will assume full financial responsibility for any expens				
5.	involved.I give permission for Pawtastic Pet Services to use photo reproduction of meters pet(s) in there advertisements example (brochures, flyers or website).				
Ιh	ve read and understand and agree to the above.				
Sig	ature of dog(s) Owner Date				

Pet Personality Profile

Please provide one application for each dog that will be enrolling at our facility

At Pawtastic Pet Services we love dogs and want your fur baby to love coming to our off leash facility.

But no one knows your dog(s) better than you so we would appreciate if you could take the time and answer all that applies to your pet(s).and know your dog(s) is in the best of care the better we know your pet(s) the better our play groups will be.

Owners Name:	Date:
Dogs Name:	Breed:
Dogs Age:	How long have you owned your dog:
Where did you get you're	dog:Date/Age of Spay or Neuter:
apply): () Socialization ()	our off leash play groups for your dog (check all that Play with other dogs () Not home alone () Has reise () Primary or extra exercise () Recommended by
() Boarding () Other	
Which best describes the l	evel of socialization with other dogs:
() None no knowledge of	other dogs () Minimal on leash encounters only.
() Moderate some off least social places off leash, like	h playtime on occasion () Extensive regular visits to dog dog parks, daycare etc.
Has your dog had any pro	blems in an off leash environment: () No () Yes
if yes describe in detail:	

Has your dog ever been dismissed from another daycare facility () yes or () no

Only complete if you answered yes to any above questions if your dog was dismissed from a prior program:

Check all that applies:
() Dog was injured but didn't need medical attention.
() Dog was injured and needed medical treatment.
() Another dog was injured no medical treatment needed.
() Another dog was injured and needed medical attention.
() A person was injured but no medical attention needed
() A person was injured and needed medical attention.
Provide any other comments that you would like us to know about these situation:
Is your dog on flea/tick prevention?
Does your dog have allergies? Explain:
Does your pet have any disabilities?Explain:
Is there any restrictions that needs to be placed on your pets activities?
Explain
Does your pet have any medical conditions?Explain
Does your pet require medication?Explain
Describe in detail your pets diet?
Type (kibble, Canned or Raw)
Brand name?Protein Source
Feeding scheduleAmount
Does your pet have any Bathroom issues?Explain

Does your dog	like being b	orushed? () Yes ()	No
How does your	dog respor	nd to having there	nails clipped?
Where is your o	logs favorit	e petting spot?	
Does your dog	have any se	ensitive spots?	
How long are the	he walks?_		
Whats the overs	all routine l	level of exercise?_	
			Etc)?
Breed	_Age	Sex	Spayed/Neutered
How does your	dog react t	to cats?	
		n?	How do they behave around
How does your	dog react t	to puppies?	
•		Q	ning up on them?(in the yard, dog park
How does your	dog act if	another dog takes	there toys or food?
What command	ds does you		
Does your dog	know any t		
What kind of h	arness, leas	sh ,collar do you u	se to walk your dog?
			Have they
Has your dog e	ver chased	small animals?	

Has your dog ever tried to chase or lunge at someone on a bike, skateb	oard or just
walking by?	
How does your dog act with thunderstorms/fireworks or loud noises?_	
Is there anything else you would like us to know about your dog?	