

# NOE VALLEY DOG DAYCARE



## New Pet and Parent Information

Date:

Dog Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_

Alternate Email: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

Breed: \_\_\_\_\_

Color: \_\_\_\_\_

Sex: Male Female

Spayed/Neutered: yes no

Dog License Number: \_\_\_\_\_

Microchip Number: \_\_\_\_\_

Weight:

Dog Age:

Dog DOB:

Allergies:

Past Injuries:

Medical Conditions:

Medications:

Has your dog ever bitten anyone? If so, when and please describe situation


Has your dog been to daycare before? If so, please describe their behavior in a dog care environment


Has your dog been in physical altercations with other dogs? Please describe


Does your dog like to be picked up?:

Does your dog like to be petted?:

Is your dog possessive with toys?:

On a scale of 1-5, is your dog a barker?:   
0 being not at all

On a scale of 0-5, does your dog socialize well with other dogs?:   
0 being does not socialize well

Does your dog bully other dogs?:

Does your dog have a regular Vet? If yes, please list information


Other than the Pet Parent names listed above does anyone else have authorization to pick up your dog. Please list names below.


## Authorization for Emergency Medical Treatment

If the staff of NVDD determines it is necessary see immediate medical care for your dog and we are unable to contact you or you are unable to pick up your dog or your emergency contact can not be reached: we will take your dog to the nearest veterinarian. If your personal veterinarian is located in the area, we will attempt to take your dog to them. If your vet is available or we decide your dog needs immediate care your dog will be transported to an available local veterinarian.

I, \_\_\_\_\_, as owner/guardian of \_\_\_\_\_, give permission for NVDD to act as my agent in the event of my dog needing medical attention, including the administration of anesthesia for surgery or exploratory work. I also agree that I will be responsible for any and all costs of medical care deemed necessary by the licensed veterinarian, including transportation costs, up to the amount of:

\$250            \$500            \$1000            \$2000            \$3000            Unlimited

The amount circled above is the amount NVDD will authorize the treating veterinarian to expense. The use of these funds will be at the veterinarian's discretion to ensure that your dog receives the best medical care. Once the maximum is met, no additional Treatment will be provided until you, the owner/guardian, or the emergency contact can be reached to make any medical and/or financial decisions concerning the dog.

I authorized my emergency contact to make any medical and/or financial decisions concerning my dog in the event that I am not available.

Emergency Contact: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Preferred Veterinarian: \_\_\_\_\_ Vet Phone: \_\_\_\_\_

Vet Address: \_\_\_\_\_

I have read this form entirely and agree to its terms. I verify that this information is true to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## Noe Valley Dog Daycare New Client Agreement

### Terms -

All dog owners must provide a valid credit card number prior to any service being provided by Noe Valley Dog Daycare (NVDD). By signing this Agreement, you are authorizing NVDD to charge your card for any services rendered by NVDD, veterinary fees, monthly package renewals, food, or any other charges that your dog may incur while at NVDD. Any charges not paid in full upon an owner or owner's agent picking up his or her dog will be charged to the credit card on file. I understand that all fees (Daycare, Wash and other) are due at time of dog drop-off. I understand that I am expected to provide The NVDD with sufficient food for my dog during his or her stay. If I do not provide sufficient food NVDD may purchase food of its choosing, and I agree to pay \$5 per meal provided by NVDD. By signing this Agreement, I represent that I am the legal owner of my dog or agent for owner, and that my dog has current vaccinations including but not limited to inoculations against DHPP, Bordetella (Kennel Cough),

and Rabies. Veterinarian provided proof of vaccinations must be provided prior to your dog's initial stay. We must obtain a copy of records that we can keep on file. I understand that my dog must have a suitable collar or harness and proper identification tags. I give NVDD permission to take pictures of my dog for use in its advertising and promotional materials, and any pictures so taken become the property of NVDD. I understand that NVDD may terminate my dog's stay at any time in its sole and absolute discretion, and that if my dog's stay is terminated I will promptly pick up my dog, or send an agent to do so. I understand that services and packages are non-refundable.

**Assumption of Risk -**

I hereby give NVDD permission to care for my dog and to do any and all things required in the ordinary and normal course of providing such care. NVDD use leashes, muzzles, crates, pens or other appropriate means of maintaining control over my dog. I understand that NVDD is not responsible or liable for any of the following: injuries (or death) to my dog caused by other dogs (including being bitten); diseases or ailments which my dog may contract from other dogs; including infections and viruses; falls; theft; collisions with vehicles; running away; natural disasters; fire; the unavailability of emergency medical care or any items necessary for the care of my dog due to circumstances beyond the control of NVDD (including food, water, medicine, and electricity); the negligence or deliberate acts of third parties; or injuries or death to my dog caused by themselves including but not limited to hanging themselves, ingesting foreign objects, chewing themselves, chewing foreign objects, or running away. I understand that NVDD is not responsible for any personal property left with NVDD, including but not limited to beds, blankets, clothing, bowls, food, collars, leashes, or toys.

**Cancellations -**

I understand that that if I cancel a reservation I will be required to pay a cancellation fee equal to 25% of projected boarding cost of my reservation, unless I cancel within three (3) business days for all non-holiday reservations, and more than seven (7) days in advance for holiday reservations. Holidays are: New Year's Day, Memorial Day Weekend (Thursday-Monday), July 1st-4th, Labor Day Weekend (Thursday-Monday), Thanksgiving (Wednesday-Monday), Christmas (Dec 23rd-30th), & New Year's Eve.

**Charges -**

I hereby authorize NVDD to charge my credit card for all fees and charges I or my dog may incur, prior to taking custody of my dog. I also authorize NVDD to charge my credit card any additional fees and charges which I or my dog may incur. I understand that NVDD may decline to provide services to me or my dog if my credit card is declined prior to NVDD taking custody of my dog, and that NVDD may charge me a declination charge if my credit card is declined thereafter. I understand that if I am late picking up my dog that I will be charged for any additional time that my dog remains at NVDD. I authorize The NVDD to charge my credit card in increments if my credit card cannot process a payment due to a limitation on individual transactions. I agree that if I pay by check and my check is not honored when presented for payment, NVDD may charge the full amount due plus a returned check fee of \$25 to my credit card.

**Abandoned Dog Policy -**

Dog owner further understands and agrees that if dog(s) is/are not picked up by the end of NVDD's regular business hours, the dog owner understands and authorizes The NVDD to take whatever action deemed necessary for the continuation and care of owner's dog(s). Dog owner further agrees to pay NVDD for all costs associated with the continued care of their dog(s). Furthermore, dog owner understands that if he/she does not pick up their dog(s) as scheduled, NVDD shall be authorized to proceed according to California Civil Code section 1834.5 (Abandoned animals, disposition; notice), by with this section provides as follows:

"Notwithstanding any other provision of law, whenever any animal is delivered to any veterinarian, dog kennel, cat kennel, pet grooming parlor, animal hospital, or any other animal care facility pursuant to any written or oral agreement entered into after the effective date of this section, and the owner of such animal does not pick up the animal within fourteen (14) calendar days after the day time animal was to

be picked up, the animal shall be deemed abandoned. The person into whose custody the animal was placed for care, shall try first, for a period of not less than ten (10) days to find a new owner for the animal, and, if unable to place animal with new owner, shall thereafter humanely destroy the animal abandoned.”

**Indemnification & Release of Liability -**

I hereby certify that my dog \_\_\_\_\_ is in good health and has not been ill with any communicable diseases/conditions within the last 45 days and that he/she is current on all vaccinations (DHPP, Rabies, and Bordetella). I further certify that my dog has not harmed or shown aggressive/threatening behavior towards a person or any other dog. I have read and understand the following:

I understand that I am solely responsible for any harm caused by my dog while he/she is attending NVDD.

Furthermore, I understand and agree that in admitting my dog to doggy PlayCare and/or overnight Boarding, NVDD’s staff have relied on my representation that my dog is in good health and has not harmed or shown aggressive/threatening behavior towards any person or dog. I shall indemnify NVDD as a result of any pre-existing condition (such as illness or aggression) that my dog may have.

I additionally understand and agree that NVDD and their staff will not be liable for any problems, damage or injuries which develop, provided reasonable care and precautions are followed. Therefore I hereby release them of any and all liability whatsoever arising from my dog(s)’ attendance and participation at NVDD.

I further understand and agree that any problems will be treated as deemed best by the staff of NVDD at their sole discretion, and that I assume full financial responsibility for any and all expenses involved.

This application has been filled out to the best of my knowledge, and I will provide necessary documents as requested. I know that if I have any questions, they should be addressed before the first visit whether for Daycare or for Boarding.

I certify that I have read this entire agreement and understand, agree and intend on my own behalf and on the behalf of my agents, representatives, relatives, successors, and assigns, to be bound by all of the terms and conditions contained in the agreement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Pet Name: \_\_\_\_\_