

DAYCARE FORM

Daycare - \$30 a day / puppies ages 7 weeks-10 months are \$50.00 a day. Eval fee \$50.00
There is a 2 day per week minimum, if for some reason you are unable to keep your regularly scheduled days, you are still responsible to pay for your days to hold your spot. There is a mandatory once a month nail clipping for a fee of \$10.00 dollars.

Drop off time is from 7am- 9am. Pick up time is from 4pm- 5:30pm.

Please take a few minutes to complete this profile for your Pet, one per Pet please. This will help us understand your Pet's background, personality and special needs so we can make their stay at Four Paws Academy as safe and comfortable as possible. Thank you for your time and cooperation.

Client's Name: _____ address _____

Email _____ Phone _____

Pet Information

Pet's Name _____ Canine _____ Color _____

Sex _____ Spayed/Neutered? _____ Breed _____ Weight _____ DOB or Age _____

For the safety and well being of both Pets and Four Paws Academy Staff, we require that each Pet owner submit written proof of required vaccinations prior to starting daycare.

Required Current Vaccinations: Canine: DHLPP, Bordetella and Rabies

Written proof of vaccines attached? Yes No

Vet Clinic Name _____

Vet's Name _____

Street Address _____ City _____ State _____ Phone # _____

Do we have your permission to contact your veterinarian to verify vaccinations/medical history?

Yes No

Is your Pet frightened of thunderstorms/loud noises? Yes No

Has your Pet ever bitten a person? Yes No Has your Pet ever bitten another Pet? Yes No

Are there any particular types of people your Pet seems to fear or dislike? Yes No If yes, please explain _____

Is your Pet an escape artist/climber? Yes No Does your Pet have any sensitive areas on his/her body? Yes

No If yes, where? _____

Please check if your Pet has a history of the following: urinary tract infections eye infections ear infections lameness/limping skin problems respiratory problems seizures

other _____

Does your Pet have allergies? Yes No If yes, please describe _____

Does your Pet have any physical disabilities? Yes No If yes, please describe the disability and any physical restrictions you would like to have enforced. _____

Does your dog play with other dogs? Yes No If yes, please describe size, breed, and temperament of the other dogs _____

Is your dog protective of his/her food or toys? Yes No Is your dog a fence climber? Yes No

The above information is correct to the best of my knowledge.

Owner's Signature: _____ Date: _____

Four Paws Academy Release Form

I understand and agree that in admitting my dog(s) to Four Paws Academy, their staff have relied on my representations that my dog(s) is/are in good health and have not harmed or shown aggressive or threatening behavior towards any person or any other dog.

I further understand and agree that Four Paws Academy staff and volunteers will not be liable for any problems that develop, regarding my dog(s). I hereby release Four Paws Academy, its employees, agents, and volunteers from any liability of any kind whatsoever arising from my dog(s) attendance, care and participation at Four Paws Academy, or in connection with any casualty occurring to my dog(s) or any person, including me.

I further understand and agree that any problems that develop with my dog(s) will be treated as deemed best by staff of Four Paws Academy in their sole discretion, and I assume full financial responsibility for any and all expenses involved.

I understand that I am solely responsible for any harm caused by my dog(s) while my dog(s) is/are attending Four Paws Academy. And I further agree that I am solely responsible for any and all acts or behavior of my dog(s) while in the care of Four Paws Academy.

I agree that my dog(s) will be picked up by myself or a pre-approved agent by closing or my dog will be boarded overnight at the normal rate.

I certify that I have read and understand the policies set forth on the preceding pages and that I have read and understand this agreement. I agree to abide by the rules and regulations and accept all terms, conditions, and statements of this agreement.

Signature of dog Owner _____ Date _____

Name of dog(s) _____

Health and Temperament Certification

I, _____ hereby certify that my dog(s) _____ is/are in good health and have not been ill with any communicable condition in the last 30 days.

I further certify that my dog(s) have not harmed or shown aggressive or threatening behavior towards any person or any other dog. And that my dog(s) is/are current on the following vaccinations: DHLPP, Bordetella, and Rabies. I also agree to maintain vaccinations and to keep Four Paws Academy apprised of any updates.

Signature of Owner _____ Date: _____