

## **General Information about All Pets Dog Daycare**

### **DOGS**

**ALL dogs must pass a temperament test prior to their first day of daycare. Temperament tests generally last 1 hour and an appointment is REQUIRED for the test. Dogs will not be allowed to stay a full day on the day of the test.**

No dogs will be allowed in the play area without proof of a current rabies vaccine. NO EXCEPTIONS. This is for the safety of the other pets in our care, as well as the staff. The following is a list of required vaccinations for all dogs in the daycare:

Rabies (yearly)	Bordetella (every 6 months)
Distemper (yearly)	Fecal (every six months)
Canine Influenza (yearly)	Heartworm and Flea/Tick Preventative

Dogs must be spayed/neutered by 8 months.

All forms and waivers must be completely filled and signed prior to the temperament test.

### **PLAY AREA**

The daycare is open Monday-Friday, 6:30 am-7 pm. All dogs MUST arrive before 9:30 am. Dogs dropped off late without prior approval must be taken to the main hospital entrance and will be placed in day boarding until 1 pm. No reservation is required.

No dogs will be allowed into the play area with collars, leashes, clothing, bandanas, wounds, stitches, bandages, etc. NO EXCEPTIONS

If your pet has recently had surgery, a written and signed release from your veterinarian may be required to ensure their safety coming back into daycare.

**All Pets Dog Daycare reserves the right to refuse ANY dog at ANY time that we feel is unsafe or inappropriate for our facility. If we believe your dog is not the right fit, we may recommend another alternative.**

Please understand that our staff is always busy keeping your pets safe and happy. Any phone call during operating hours may go directly to voice mail. Please call 815-838-0505, option 3 and leave a message for daycare staff to schedule a temperament test or if you have further questions.

**PLEASE KEEP THIS PAGE FOR YOUR RECORDS**



## All Pets Dog Daycare Application

### PET PROFILE

Dog's Name: \_\_\_\_\_

Is your dog spayed or neutered? **YES/NO**      Age when altered: \_\_\_\_\_

Dog's Breed: \_\_\_\_\_ Coat Color \_\_\_\_\_

Sex:  MALE     FEMALE      Weight \_\_\_\_\_

Dog's Age: \_\_\_\_\_ Birthday: \_\_\_\_\_

How did you acquire your dog? \_\_\_\_\_

Do you know anything about the dog's history prior to living with you?

\_\_\_\_\_

How long have you had your dog? \_\_\_\_\_

Does your dog live with other pets? **YES/NO**

If yes, please explain: \_\_\_\_\_

Does your dog play regularly with other dogs? **YES/NO**

Has your dog ever attended daycare? **YES/NO**

If yes, where and how often? \_\_\_\_\_

Do you take your dog to dog parks? **YES/NO**

Is your dog crate trained? **YES/NO**

If yes, how many hours per day? \_\_\_\_\_

Please describe your dogs overall personality: \_\_\_\_\_

\_\_\_\_\_

Why do you want your dog in daycare? \_\_\_\_\_

Any other comments you think would be helpful to your dog's success in daycare?

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## HEALTH

Does your dog have any allergies (food, seasonal, etc.)? **YES/NO**

If yes, please explain: \_\_\_\_\_

Is your dog known to have seizures? **YES/NO**

Is your dog on any medications? **YES/NO**

If yes, type and dose: \_\_\_\_\_

Does your dog have any visual impairments? **YES/NO/BLIND**

If your dog hard of hearing? **YES/NO/DEAF**

Does your dog have a history of injuries or health concerns that might affect

play? \_\_\_\_\_

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Are there any restrictions that should be placed on your dog's activities?

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May your dog have in-house treats? **YES/NO**

## BEHAVIOR

Does your dog like toys? **YES/NO**

Any favorite toys? \_\_\_\_\_

Any restricted toys? \_\_\_\_\_

Does your dog become possessive of toys? **YES/NO**

How does your dog react to other dogs? \_\_\_\_\_

\_\_\_\_\_

Is your dog afraid of any other dogs? **YES/NO**

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Is your dog afraid of noises? **YES/NO**

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Is your dog afraid of different types of people? **YES/NO**

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Has your dog ever bitten anyone or another animal? **YES/NO**

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Does your dog eat or shred items? **YES/NO**

Has your dog ever attended any type of formal training class? **YES/NO**

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Please circle any of the following behaviors your dog exhibits:

Aggression

Digs

Bites hands/leashes

Excessive barking

Jumps on people

Ignores commands

Separation anxiety

Jumps over fences

Inconsistent potty training

Possessiveness

Eats stool

Other:

Chews

Shy

How would you describe your dog's energy level? **Low/Medium/High**

## **PET PARENT INFORMATION**

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

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

City, State, and Zip Code: \_\_\_\_\_

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

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

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

Best contact phone in case of emergency?

Home Phone    Cell Phone    Work Phone

E-Mail Address: \_\_\_\_\_

Would you like to receive emails about closings, policy changes, etc?

**YES/NO**

Would you like to receive emails about special offers and discounts?

**YES/NO**

How did you hear about us? \_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Who is authorized to pick up your dog besides yourself?

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

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

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

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

Veterinarian: \_\_\_\_\_

Clinic Name: \_\_\_\_\_

Location: \_\_\_\_\_

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

May we use our own vet in case of emergency? **YES/NO**

**Please initial following each statement:**

All dogs must be non-aggressive and neither food nor toy protective. Owner(s) certify their dogs have not harmed or shown any aggressive or threatening behavior towards any people or any other dog(s). Please remember your pet will spending time with other pets and the safety and health of all animals is our main concern.

Owner's Initials: \_\_\_\_\_

I have completed this application to the best of my knowledge and understand the completion of this application does NOT guarantee my dog's admission to All Pets Dog Daycare.

Owner's Initials: \_\_\_\_\_

I have read, understand, and agree to the All Pet's Dog Daycare General Information and Guidelines:

Owner's Initials: \_\_\_\_\_

I hereby grant permission to All Pets Hospital, LTD to take and use photographs, digital images and/or video of my pet(s). These images might be used for news releases, educational purposes, etc, via print or electronic publications, Web pages, or other electronic communications. I authorize the use of these images without compensations to me. All negatives, prints, digital reproductions etc. shall remain the property of All Pets, LTD.

Owner's Initials: \_\_\_\_\_



**WAIVER, RELEASE, HOLD HARMLESS**

**AND INDEMNITY AGREEMENT**

Pursuant to this Waiver, Release, Hold Harmless, \_\_\_\_\_ and Indemnity Agreement (“Agreement”) dated \_\_\_\_\_ (insert today's date), by and between All Pets Hospital, Ltd., an Illinois Corporation (the “Corporation) and \_\_\_\_\_ (“Owner” or “Owners”) owner of the canine named: \_\_\_\_\_ (“Canine”) the owner hereby further agrees as follows:

**AGREED:**

- A) I understand that there are risks attendant with the day care boarding of my Canine and as Owner I agree to be solely responsible for all acts and behaviors of the Canine at any time during the term of this agreements, including any medical bills which may ensure from the behaviors of this Canine, and in no case shall the Corporation be liable for the Canine's acts and behaviors other than for the exercise of gross negligence on the part of the Corporation, its agents or employees, in the boarding and/or keeping of the Canine whether on the premises or not.
- B) That Corporation will exercise ordinary and reasonable care of the canine under their care at all times but the Corporation shall not be under any obligation to guard against injuries which is has no reason to expect on account of the disposition of an individual canine.
- C) That the Owner is familiar with the disposition of their Canine, and is aware of any mischievous or vicious propensities of their canine, including a disposition by their canine to attack, bite, scratch and other injure or attempt to injure other canine or people. Any known traits or behavior that might affect the health and safety of people or dogs have been disclosed on the New Member Application form submitted by Owner.
- D) Corporation shall not be liable and Owner releases the Corporation for any injuries or damages to the Canine arising out of or from the boarding and keeping of the Canine or that may accrue from any cause whatsoever in connection with boarding and keeping, including loss by fire, theft, running away, death or injury while under the Corporation during the term of this agreement, whether the Canine by on the premises of the Corporation or not, except where any such loss is caused by the neglect or intentional act of the Corporation or by any of the Corporation's agents or employees.
- E) Owner shall indemnify, defend, and hold harmless the Corporation, its agents and employees against all damages sustained or suffered by reason of the boarding and keeping of the Canine for any claims or injuries whatsoever arising out of the boarding and keeping of the Canine by the Corporation

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

All Pets Hospital, Ltd. By:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date