

DOGVILLE BOARDING APPLICATION FORM

(Please answer all questions. Please fill out one form for each dog)



Date:

Your Name:

Contact Information

Street Address: _____

Cell: _____ Is this a good number to receive text updates? Yes ___ No ___

Work Number: _____

E-mail Address: _____

**EMERGENCY CONTACT IF WE CAN'T REACH YOU TO OBTAIN PERMISSION for EMERGENCY TREATMENT
(NAME AND NUMBER of CONTACT)**

Please tell us about how you heard about us--

Referral from friend or family---Please give the name, so we can give them a free night of boarding!

Tulsa Pets Magazine: _____

Tulsa Youth Symphony Program: _____

Tulsa People Magazine: _____

Google Search: _____

Dogville Daycare Facebook page _____

Dogville Daycare Website www.dogville-daycare.com _____

Instagram: _____

Other: _____

TELL US ABOUT YOUR DOG

Name: _____

Breed: _____

Age: _____ Date of adoption: _____

Is your dog (check one) Spayed or neutered? _____ Intact? _____

Approximate Weight: _____

Veterinarian/Veterinary Hospital's Name: _____

Address and telephone number: _____

Does your dog have any current medical issues we should be aware of? Please describe in detail.

Does your dog have any physical limitations we should be aware of? If yes, please describe.

Does your dog have any dietary restrictions or allergies we should be aware of? If yes, please describe.

What brand and type of food does your dog eat on a regular basis? _____

How often do you feed and how much at a time? Once daily _____ Twice daily _____ Free Feed: _____

Are there any Medications to administer while your dog is our guest? If so, please list them below:

1. _____

2. _____

3. _____

If more space or information is needed, please feel free to attach any additional paperwork!

Is your dog current on the following vaccinations? ___ Rabies ___ Distemper/Parvovirus ___ Bordetella (Kennel Cough) ___ Canine Influenza

****Effective 7/15/2018, all boarding dogs will be required to be vaccinated for canine influenza with the bivalent (two strain) vaccine. The only exceptions will require your veterinarian's written waiver for health reasons.****

A COPY OF YOUR DOG'S MOST RECENT VACCINATION RECORD **MUST** BE SENT TO US FROM YOUR VETERINARIAN PRIOR TO YOUR DOG'S FIRST VISIT TO DOGVILLE. OUR E-MAIL ADDRESS IS info@dogville-daycare.com AND OUR FAX NUMBER IS 918-516-0637. IF YOU ARE APPLYING ONLINE, YOU MAY UPLOAD A CURRENT COPY AT THE END OF THIS APPLICATION. WE PREFER THAT OUR GUESTS RECEIVE AN INTRANASAL BORDETELLA VACCINATION EVERY SIX MONTHS

Is your dog current on heartworm preventative? Yes _____ No _____

Is your dog current on monthly flea/tick preventative Yes _____ No _____

Please note, If fleas are found on any daycare or boarding dog, a one-time dose of Capstar® will be administered at owner's expense or a flea bath given to the dog at owner's expense, and the dog will be isolated until fleas are no longer detected.

Previous Boarding Experience

Has your dog ever been boarded before? Yes _____ No _____

If yes, was that a positive experience? If not, please explain what we can do to make this a better experience for your dog.

Behavioral Questions

Does your dog warm up to new people immediately, rather quickly, or does your dog need some time?

Is your dog comfortable with the following actions?

Putting your dog's collar on and taking it off: Loves it _____ Tolerates it _____ Hates it _____

Putting his leash on and taking it off: Loves it _____ Tolerates it _____ Hates it _____

Being picked up, petted, or hugged: Loves it _____ Tolerates it _____ Hates it _____

Has your dog ever snapped at, or bitten, a person? Yes _____ No _____

Did the incident involve: Male, female, or a child?

Did the incident involve toys or other possessions? Food? Space, such as a bed, couch, et cetera? Being approached?

Please describe what happened in this situation.

Other/Miscellaneous

Has your dog ever climbed or jumped a fence or barrier? Yes___ No___

Are there any toys or food items that your dog is possessive of or prefers not to share with other dogs or people? If yes, please explain.

Does your dog have any fears we should be aware of? (Ex. Thunderstorms, some people, water, large or small dogs, etc.)

Would you be interested in having your dog attend daycare during their boarding stay at Dogville?

Yes_____ No_____

Would you rather they experience individual play time with a caregiver in lieu of daycare?

Yes_____ No_____

Are there any items that would make your dog more comfortable during their stay at Dogville? (You are welcome to bring a bed, crate, toys and treats when you check in—be sure you bring their food and medications!)

Is there anything else we need to know about your dog that would help us give them a good boarding experience while staying at Dogville?

Liability Waiver & Policies

1. **(Dogville Daycare & Boarding)** will endeavor to offer only sound, safe, and responsible care for my dog(s). However, I have been told that in order for my dog(s) to attend daycare or boarding that they must be vaccinated every 6 months for Kennel Cough. I also understand the risks inherent in boarding my dog, including but not limited to interactions with other dogs and potential exposure to disease and parasites and that just because my dog(s) have been vaccinated for kennel cough that does not mean they are 100% protected from getting the disease. Further, I am and will remain responsible for the actions of my dog at all times and I hereby agree to indemnify and hold harmless **(Dogville Daycare & Boarding)** of any and all claims of illness, injury, expense, costs, or damages caused by the actions of my dog while under **(Dogville Daycare & Boarding's)** care. I have been told by **(Dogville Daycare & Boarding)** and understand the inherent risks of owning a dog, including but not limited to the risk of dog bites to myself or others. I recognize that **(Dogville Daycare & Boarding)** is not responsible for any unintentional errors, omissions, or incorrect assertions. I understand that the recommendation of any other product or service is not a guarantee of my satisfaction with that product or service.

2. I authorize emergency medical care to be provided for my dog(s) by the above-named veterinarian, or an appropriate alternate to be determined by **(Dogville Daycare & Boarding)** in the event that my regular veterinarian is not available or that closer care is required. I will reimburse **(Dogville Daycare & Boarding)** for any charges related to emergency care.

I authorize **(Dogville Daycare & Boarding)** to administer or seek 1st aid and resuscitative care for my dog(s) as determined appropriate by **(Dogville Daycare & Boarding)** and I agree to indemnify and hold harmless **(Dogville Daycare & Boarding)** for all and any results thereof.

I DO NOT authorize **(Dogville Daycare & Boarding)** to administer or seek 1st aid and resuscitative care for my dog(s) as determined appropriate by **(Dogville Daycare & Boarding)** and I agree to indemnify and hold harmless **(Dogville Daycare & Boarding)** for all and any results thereof.

3. Payment Policy:

Payment is due at the time dog(s) is/are picked up from Dogville. Credit cards and cash are accepted for payment. Checks *must* be pre-approved by management. Returned checks will be charged a \$25 fee.

4. Cancellation Policy:

Cancellations are to be submitted at least 24 hours in advance of reservation.

5. Grooming Policy:

Any dog that arrives with fleas will be given a dose of Capstar at owner's expense (\$25/dose) or given a flea bath and kept quarantined from other dogs until fleas are gone.

6. Stress-induced diarrhea. I understand that boarding dogs may arrive with or develop diarrhea as a condition of stress related to separation from an owner and the uncertainty of the owner's return. This may result in a need to supplement or modify the dog's normal diet with products that contain high fiber content and probiotics to regain the normal balance of intestinal flora during a prolonged stay. When this occurs, I understand that I will be notified by Dogville staff and that there will be an additional charge for each feeding containing these ingredients. If the diarrhea progresses to the point that medical intervention is needed, I will be informed by Dogville Staff (or my emergency contact will be notified in the event I cannot be reached) and I will be responsible for any additional costs related to veterinary care or prescribed medication.

This contract is validated by the signatures below in total and as approval for future services without additional written authorization.

--	--	--	--

Dog Guardian

Date

Boarder

Date