

**FETCHING DOG DAYCARE AT THE BARK BUILDING
APPLICATION FORM**

YOUR

NAME: _____

ADDRESS: _____ **CITY/STATE:** _____

ZIP: _____ **CELL**

PHONE: _____

HOME PHONE: _____ **WORK**

PHONE: _____

CELL

PHONE: _____ **EMAIL:** _____

IN CASE OF EMERGENCY (CONTACT):

NAME: _____

ADDRESS: _____ **CITY/STATE:** _____ **ZIP:** _____

HOME PHONE: _____ **WORK**

PHONE: _____

VETERINARIAN:

NAME: _____ **PHONE:** _____

—

ADDRESS: _____ **CITY/STATE:** _____ **ZIP:** _____

PET INFORMATION:

NAME: _____ **SEX:** M / F **SPAYED/NEUTERED** Y /

N

AGE: _____ **BIRTHDAY:** _____

BREED: _____

COLOR: _____ **WEIGHT:** _____

FEEDING SCHEDULE: _____

BRAND AND TYPE OF

FOOD: _____

IS YOUR DOG ALLOWED TO HAVE TREATS? Y / N (WHAT TYPE)

—

WHERE DID YOU GET THIS

DOG? _____

HOW LONG HAVE YOU HAD

HIM/HER? _____

IF YOU HAVE NOT HAD HIM/HER FROM PUPPY HOOD, WHAT DO YOU KNOW
OF ITS' PRIOR

HISTORY? _____

ARE THERE ANY OTHER ANIMALS IN THE

HOUSEHOLD? _____

WHAT IS THE MAKE UP OF YOUR HOUSEHOLD?

ADULT MALES: _____ ADULT FEMALES: _____

CHILDREN/AGES: _____

—

WHICH FAMILY MEMBER IS YOUR DOG MOST FOND

OF? _____

WHICH SEX IS YOUR DOG MOST FOND OF? M / F

PLEASE DESCRIBE YOUR DOGS OVERALL

TEMPERAMENT: _____

HOW DOES YOUR DOG REACT TO OTHER DOGS? (GENERALLY): _____

(INSIDE YOUR

HOME): _____

HAS YOUR DOG EVER PARTICIPATED IN PLAY AT A DOG PARK? Y / N

IF YES, HOW DID HE/SHE REACT WITH THE OTHER DOGS? _____

HOW DOES YOUR DOG REACT TO STRANGERS? _____

DOES YOUR DOG HAVE ANY KINDS OF PEOPLE HE/SHE AUTOMATICALLY FEARS OR DISLIKES? Y / N

IF YES, DESCRIBE: _____

DOES YOUR DOG HAVE ANY KINDS OF DOG THAT HE/SHE AUTOMATICALLY FEARS OR DISLIKES? Y / N

IF YES, DESCRIBE: _____

HAS YOUR DOG EVER BITTEN SOMEONE? Y / N

IF YES,

DESCRIBE: _____

HAS YOUR DOG EVER BEEN IN A FIGHT OR BITTEN ANOTHER DOG? Y / N

IF YES,

DESCRIBE: _____

HAS YOUR DOG EVER ESCAPED OR ATTEMPTED TO ESCAPE BY DIGGING/JUMPING OR CLIMBING FENCES? Y / N

IF YES,

DESCRIBE: _____

DOES YOUR DOG JUMP ON PEOPLE Y / N

IF YES,

DESCRIBE: _____

DO YOU WALK YOUR DOG? Y / N HOW OFTEN? _____ DISTANCE? _____

WHAT OTHER EXERCISE DOES YOUR DOG RECEIVE? _____

HOW

OFTEN? _____

WHAT KNOWN BEHAVIORAL PROBLEMS DOES YOUR DOG HAVE? _____

DOES YOUR DOG HAVE A CIRCUMSTANCE OR SITUATION THAT HE/SHE IS FRIGHTENED OF? Y / N

IF YES DESCRIBE: _____

DESCRIBE HOW YOU WOULD CALM THE DOG DURING THIS SITUATION: _____

IS YOUR DOG HOUSEBROKEN OR CRATE TRAINED? _____

DOES YOUR DOG PLAY WITH TOYS? Y / N

WHAT KIND? _____

IS YOUR DOG TOY POSSESSIVE? Y / N

DESCRIBE: _____

HAS YOUR DOG SHARED TOYS/FOOD/WATER WITH OTHER DOGS BEFORE? Y/N
WERE THERE ANY PROBLEMS? _____

HAS YOUR DOG EVER PLAYED ON PLAYGROUND OR AGILITY EQUIPMENT BEFORE? Y / N

DO YOU FEEL THAT PLAY EQUIPMENT WOULD BE INAPPROPRIATE FOR YOUR DOG? Y / N

DESCRIBE: _____

DOES YOUR DOG PREFER A PARTICULAR SEX OF DOG?

DESCRIBE: _____

HAS YOUR DOG EVER RECEIVED ANY FORMAL TRAINING? Y / N
WHERE AND WHEN? _____

DOES YOUR DOG KNOW ANY COMMANDS? Y / N

DESCRIBE: _____

WHAT SPECIAL COMMANDS DOES YOUR DOG KNOW? _____

BATHROOM COMMAND: _____ QUIET

COMMAND: _____

PLAY

COMMAND: _____

WHAT DO YOU DO WITH HIM/HER WHEN YOU LEAVE THE HOME? _____

HOW DOES HE/SHE REACT WHEN YOU GET HOME? _____

DOES YOUR DOG HAVE ANY HEALTH CONCERNS THAT YOU ARE AWARE OF?

Y/N DESCRIBE: _____

DOES YOUR DOG HAVE ANY MEDICAL RESTRICTIONS ON HIS/HER ACTIVITIES?

Y / N

DESCRIBE: _____

IS YOUR DOG CURRENTLY ON ANY MEDICATION? Y / N

DESCRIBE: _____

DOES YOUR DOG HAVE ANY ALLERGIES? Y / N

DESCRIBE: _____

DOES YOUR DOG LIKE TO RECEIVE BRUSHINGS? Y / N

HOW OFTEN IS HE/SHE

BRUSHED? _____

HOW DOES YOUR DOG REACT TO GETTING HIS/HER NAILS CLIPPED? _____

DOES YOUR DOG HAVE ANY AREAS ON HIS/HER BODY THAT HE/SHE DOES NOT LIKE TO BE TOUCHED? Y / N

DESCRIBE: _____

DOES YOUR DOG HAVE A SPECIAL PLACE THAT HE/SHE LIKES TO BE PETTED OR RUBBED? Y / N DESCRIBE: _____

DOES YOUR DOG RECEIVE FLEA AND TICK PREVENTATIVE? Y / N

BRAND: _____ TYPE: _____ FREQUENCY: _____

IF YOUR DOG HAS FLEAS WE WILL ADMINISTER AN ORAL FLEA TREATMENT THAT LASTS 24 HOURS AT YOUR COST.

IS THERE ANYTHING ELSE THAT YOU BELIEVE WE SHOULD KNOW ABOUT YOUR DOG?

WHEN WOULD YOU LIKE TO START? _____

FETCHING DOG DAYCARE AT THE BARK BUILDING MEDICAL RELEASE FORM

***THIS IS A REQUIRED FORM FOR ALL FETCHING DOG DAYCARE
PARTICIPANTS RECEIVING SERVICES***

FIRST AND FOREMOST THE SAFETY AND WELL BEING OF YOUR PET(S) IS OF THE HIGHEST IMPORTANCE. ENSURING THAT YOUR PET REMAINS SAFE AND WELL CARED FOR IS OUR FIRST RESPONSIBILITY AND AS SUCH WE TAKE IT VERY SERIOUSLY. WE DO OUR BEST TO HAVE OUR PET PARENTS SCREEN FOR PRE-EXISTING HEALTH CONDITIONS BUT SOME FACTORS MAY BE BEYOND OUR CONTROL. IN THE EVENT THAT A MEDICAL EMERGENCY ARISES WHILE A PET IS AT OUR FACILITY OR PARTICIPATING IN A SERVICE THAT WE PROVIDE IT IS IMPERATIVE THAT WE ARE IMMEDIATELY ABLE TO GET THEM MEDICAL TREATMENT AT THE CLOSEST PROXIMITY GEOGRAPHICALLY TO US

TO INSURE THEY CAN HANDLE THE EMERGENCY PRESENT. YOUR PET WILL BE RUSHED TO THE CLOSEST AVAILABLE FACILITY FOR TREATMENT AND YOU WILL BE NOTIFIED. WE NOTIFY THE OWNER AFTER WE HAVE SECURED A MEDICAL TREATMENT CENTER FOR THE ANIMAL TO AVOID DELAYS THAT MAY BE CAUSED BY EMOTION ON THE PART OF THE OWNER. OUR GOAL IS TO GET YOUR PET MEDICAL ATTENTION AS QUICKLY AS HUMANLY POSSIBLE, AND ANY DISTRACTIONS MAY INTERFERE WITH THAT PROCESS.

FOR THAT REASON, IT IS A REQUIREMENT TO HAVE OUR PET PARENTS SIGN THIS FORM.

I UNDERSTAND THAT IN THE EVENT OF A MEDICAL EMERGENCY THAT FETCHING DOG DAYCARE AT THE BARK BUILDING, AT ITS SOLE DISCRETION, DEEMS TO NEED THE IMMEDIATE ATTENTION OF A LICENSED VETERINARIAN, I AUTHORIZE FETCHING DOG DAYCARE AT THE BARK BUILDING TO SEEK MEDICAL ATTENTION AT THE CLOSEST AVAILABLE VETERINARY FACILITY. I FURTHER AGREE THAT I AM FINANCIALLY RESPONSIBLE FOR ANY MEDICAL TREATMENT MY PET(S) RECEIVE AS A RESULT OF A MEDICAL EMERGENCY WHILE ATTENDING SERVICES PROVIDED BY FETCHING DOG DAYCARE AT THE BARK BUILDING.

SIGNATURE OF OWNER: _____

PRINTED NAME: _____ DATE: _____

FETCHING DOG DAYCARE AT THE BARK BUILDING

PET CARE AGREEMENT

NAME: _____

—

ADDRESS: _____ **CITY/STATE:** _____

ZIP: _____ **CELL**

PHONE: _____

HOME PHONE: _____ **WORK**

PHONE: _____

DOG'S

NAME: _____ **AGE:** _____ **BREED:** _____

1. I FURTHER UNDERSTAND THAT FETCHING DOG DAYCARE AT THE BARK BUILDING HAS RELIED UPON MY REPRESENTATION THAT MY DOG IS IN GOOD HEALTH AND HAS NOT INJURED OR SHOWN AGGRESSION OR

THREATENING BEHAVIOR TO ANY PERSON OR DOG IN ADMITTING MY DOG FOR SERVICES AT THEIR FACILITY.

2. I FURTHER UNDERSTAND THAT THEIR OWNERS, STAFF, PARTNERS AND VOLUNTEERS, WILL NOT BE LIABLE, FINANCIALLY OR OTHERWISE, FOR INJURIES TO MY DOG, ME OR ANY PROPERTY OF MINE WHILE MY DOG IS PARTICIPATING IN SERVICES PROVIDED BY FETCHING DOG DAYCARE AT THE BARK BUILDING. I HEREBY RELEASE FETCHING DOG DAYCARE AT THE BARK BUILDING OF ANY LIABILITY OF ANY KIND ARISING FROM MY DOG'S PARTICIPATION IN ANY AND ALL SERVICES PROVIDED BY FETCHING DOG DAYCARE AT THE BARK BUILDING.

3. I FURTHER UNDERSTAND AND AGREE THAT ANY PROBLEMS WITH MY DOG, BEHAVIORAL, MEDICAL OR OTHERWISE WILL BE TREATED AS DEEMED BEST BY STAFF OF FETCHING DOG DAYCARE AT THE BARK BUILDING IN THEIR SOLE DISCRETION, AND IN WHAT THEY VIEW AS THE BEST INTEREST OF THE ANIMAL. I UNDERSTAND THAT I ASSUME FULL FINANCIAL RESPONSIBILITY AND ALL LIABILITY FOR ANY AND ALL EXPENSES INVOLVED IN REGARDS TO THE BEHAVIOR AND HEALTH OF MY DOG.

4. I FURTHER UNDERSTAND THAT THERE ARE RISKS AND BENEFITS ASSOCIATED WITH GROUP SOCIALIZATION OF DOGS. I AGREE THAT THE BENEFITS OUTWEIGH THE RISKS AND THAT I ACCEPT THE RISK. I DESIRE A SOCIALIZED ENVIRONMENT FOR MY DOG WHILE ATTENDING SERVICES PROVIDED BY FETCHING DOG DAYCARE AT THE BARK BUILDING AND WHILE IN THEIR CARE. I UNDERSTAND THAT WHILE THE SOCIALIZATION AND LAY IS CLOSELY AND CAREFULLY MONITORED BY FETCHING DOG DAYCARE AT THE BARK BUILDING STAFF TO PREVENT INJURY, IT IS STILL POSSIBLE THAT DURING THE COURSE OF NORMAL PLAY MY DOG MAY RECEIVE MINOR NICKS AND SCRATCHES FROM ROUGH-HOUSING WITH OTHER DOGS. ANY INJURIES TO MY DOG WILL BE POINTED OUT BY STAFF UPON PICK-UP.

5. I UNDERSTAND BY ALLOWING MY DOG TO PARTICIPATE IN SERVICES OFFERED BY FETCHING DOG DAYCARE AT THE BARK BUILDING I HEREBY AGREE TO ALLOW FETCHING DOG DAYCARE AT THE BARK BUILDING TO TAKE PHOTOGRAPHS OR USE IMAGES OF MY PET IN PRINT FORM OR OTHERWISE FOR PUBLICATION AND/OR PROMOTION.

6. I FURTHER UNDERSTAND THAT I AM SOLELY RESPONSIBLE, FINANCIALLY OR OTHERWISE, FOR ANY HARM OR DAMAGE CAUSED BY MY DOG WHILE MY DOG IS ATTENDING ANY SERVICES PROVIDED BY FETCHING DOG DAYCARE AT THE BARK BUILDING.

7. I UNDERSTAND THAT IF MY DOG IS NOT PICKED UP ON TIME OR BY A DATE SPECIFIED IN A SEPARATE AGREEMENT I HEREBY AUTHORIZE FETCHING DOG DAYCARE AT THE BARK BUILDING TO TAKE WHATEVER ACTION IS DEEMED NECESSARY FOR THE CONTINUING CARE OF MY DOG. I WILL PAY FETCHING DOG DAYCARE AT THE BARK BUILDING THE COST OF ANY SUCH CONTINUING CARE UPON DEMAND BY FETCHING DOG DAYCARE AT THE BARK BUILDING. I UNDERSTAND THAT IF I DO NOT PICK UP MY ANIMAL, FETCHING DOG DAYCARE AT THE BARK BUILDING WILL PROCEED ACCORDING TO THE GUIDELINES PROVIDED BY THE ILLINOIS ABANDONED ANIMAL STATUTE; ABANDONMENT OF ANIMALS BY OWNER; PROCEDURE FOR HANDLING. I ALSO ACKNOWLEDGE THAT I WILL BE FULLY RESPONSIBLE FOR ALL ATTORNEYS' FEES AND ASSOCIATED COSTS IF I ABANDON MY DOG..

SIGNATURE OF OWNER: _____

PRINTED NAME: _____ DATE: _____

