



Where Neighborhood dogs meet and greet!

Client Information

Owner's Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address _____

Occupation _____ Employer _____

Emergency Contact's Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

Others I Authorize To Pick Up My Dog _____

How did you hear about **DOGPAWS At PLAY**?

Veterinary Information

Primary Clinic _____

Dr Name: _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

In order to ensure your pet's health and the health of the other pets, you will be asked to provide proof of the following:
DA2PP (distemper), Rabies, yearly Bordetella, Canine Influenza, HWT and proof of heartworm, and flea medication.

Dog Information and Profile (If more than one dog enrolling, please fill out another form.)

Dog's Name _____ Breed _____ Sex _____

Date of Birth _____ NEUTERED | SPAYED (circle one) If not, when? _____

Does he/she have any hearing or physical handicaps? _____ If yes, please explain _____

440-237-1560
www.dogpawsatplay.com

5801-C Royalton Road (Near State Rd.)
North Royalton, OH 44133



What did your dog do today?

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Daycare Consent Agreement

*As a Condition of using our Services for your Pets, the following
Daycare Consent Agreement must be Signed:*

By choosing to utilize the services, participate in activities and/or grooming my pet(s) at **DOGPAWS At PLAY**, I agree to the following:

1. I agree to pay the rates that are in effect at the time my pet is at **DOGPAWS At PLAY**. I am aware that extra charges may be incurred and I agree to pay them at the time of pick-up. Examples include, but are not limited to: Daycare, Grooming and Activities.
2. **DOGPAWS At PLAY** is a cage-free facility. If my dog participates in daycare, I understand that an interactive play setting is not without some risk of injury, that despite all the dogs appearing healthy and being handled with the greatest amount of care and foresight, dogs are not always predictable, and the unexpected may occur. I recognize that the benefits of an interactive playgroup are valuable to my dog, and accept the potential risks. I further agree to pay veterinary/medical expenses incurred as a result of injury to or caused by my dog.
3. If my pet appears to be ill, I authorize **DOGPAWS At PLAY** to engage the services of the vet-on-call, Dr. Adam Hechko, North Royalton Animal Hospital, at my expense, to give other requisite attention, and to make whatever decisions are required for my pet's veterinary treatment. I agree to pay all veterinary charges incurred by my pet while in the care of **DOGPAWS At PLAY**. I will not hold **DOGPAWS At PLAY** liable for failure to seek veterinary attention or for decisions made under this contract. This includes transportation to North Royalton Animal Hospital. All reasonable attempts will be made to contact you immediately in the event of an emergency.
4. I understand that **DOGPAWS At PLAY** will exercise all due diligence and care in the guardianship of my pet. I hereby waive and release, **DOGPAWS At PLAY**, its employees, owners and agents from any and all liability of any nature, for injury or damage, including that which may result from the action of any dog including my own. I expressly assume the risk of such damage or injury while my dog participates in or attends any function of **DOGPAWS At PLAY**, while on the grounds or the surrounding area thereto.
5. I understand that I am required to provide **DOGPAWS At PLAY** documented vaccination records and to keep the vaccination up-to-date for the duration of my dog participation at **DOGPAWS At PLAY**. These vaccines include DA2PP, Rabies, Bordetella, Canine Influenza, and Lepto. Must have a negative fecal sample within the last year.

On behalf of myself and any and all other owners of this pet, I have read and agree to the terms of this contract. I warrant that I have the authority to represent any and all other owners of this pet in signing this contract. I have initialed each statement above to acknowledge my understanding and acceptance.

Signed: _____ Date: _____

Printed Name: _____



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Rules and Requirements

To ensure the health and safety of your pet and our other guests, we require that all of our owners comply with the following rules and regulations.

1. All dogs must be at least 4 months of age or older. All dogs over the age of 7 months must be spayed or neutered. Puppies and rescue dogs must be in the home for 1 month prior to coming to daycare.
2. All dogs must be in good health. Owners will certify that their dog(s) are in good health and have not been ill with a communicable condition in the last 14 days. Upon admission, all dogs must be free of any condition that could potentially jeopardize other guests, including fleas or ticks.

Dogs that have been ill with a communicable condition in the last 14 days will require veterinarian certification of health to be permitted to return. Owner will accept full financial responsibility for any and all expenses involved by our vet-on-call, Dr. Adam Hechko, North Royalton Animal Hospital, when necessary.

3. Owners will need to certify that their dog(s) have not harmed or shown aggression or threatening behavior towards any person or other dog(s). **DOGPAWS At PLAY** reserve the right to refuse admittance to any dog that does not meet the health and temperament requirements.
4. Personal items such as toys are not permitted at daycare.
5. If a pet that is presented for daycare and is found to have fleas and/or ticks, it will be treated at the owner's expense by our vet-on-call, Dr. Adam Hechko, North Royalton Animal Hospital.
6. Dogs are not fed during daycare hours to prevent resource guarding and fighting. If a pet needs to be fed for medical reasons, then this must be discussed and agreed upon in advance of attendance at daycare.
7. The center closes at 6:30 PM. Unless special arrangements have been made, there is a \$1.00 per minute charge for any dog left after 6:30 PM.

Signature of Owner

Date

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Certificate of Health and Temperament

1. I expressly wave and relinquish any and all claims against **DOGPAWS At PLAY**, its employees and representatives, except those arising from negligence on the part of **DOGPAWS At PLAY**.
2. I have disclosed to **DOGPAWS At PLAY** all known dangers associated with my dog(s).
3. I understand that under no circumstances will **DOGPAWS At PLAY** be liable for consequential damages or damages beyond the replacement value of my dog(s).
4. If any medical problems develop while my dog(s) is in the care of **DOGPAWS At PLAY**, I authorize **DOGPAWS At PLAY** to do whatever they deem necessary for the safety, health and well being of my dog(s). Further, I agree to assume full financial responsibility for any and all expenses incurred by our vet-on-call, Dr. Adam Hechko, North Royalton Animal Hospital.

I, _____, (print name) certify that I have read and understand the rules and regulations and accept all the terms, conditions and statements of this agreement.

Signature of Owner

Date

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