



19668 Progress Drive, Strongsville, OH 44149
 (440) 572-WOOF (9663)

Daycare Application

Owner Information

Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____
 E-Mail Address: _____

Emergency Contact Information:

Name: _____ Phone: _____ Relationship: _____
 Name: _____ Phone: _____ Relationship: _____

Dog's Information

Dog's Name: _____ Breed (primary breed if mixed): _____
 Date of Birth (if known): _____ Approximate Weight: _____
 How long have you owned your dog? _____
 This pet is from (i.e. rescue, pet store, breeder): _____
 Has your dog had professional obedience training? _____
 Has your dog ever been to daycare before? _____
 If yes, what was your dog's experience? _____
 If no, what is the reason, if any, that your dog has not been to daycare?

Pet Profile:

My dog is: (please check yes or no)

	Yes	No		Yes	No
1. Housebroken	___	___	5. A fence climber	___	___
2. Protective	___	___	6. A digger	___	___
3. A jumper	___	___	7. Afraid of men	___	___
4. A barker	___	___			

Has your dog ever bitten another dog? Explain. _____

Has your dog ever bitten a person? Explain. _____

My dog plays best with: (check all that apply)

- 1. Big dogs _____
- 2. Little dogs _____
- 3. Female dogs _____
- 4. Male dogs _____
- 5. Older dogs _____
- 6. Younger dogs _____

Does your dog have a favorite petting zone? _____

Does your dog have any sensitive areas on his/her body? _____

Does your dog play with toys? If so, what kind and what games do you play? _____

Medical Information

Veterinarian's name: _____

Hospital/clinic name: _____

Hospital/clinic address: _____

Hospital/clinic phone number: _____

Date of last physical exam: _____

Date of DHLPPC or equivalent: _____

Date of Rabies Vaccination: 1yr _____ or 3 yr _____

Date of Bordatella: _____

Last heartworm test: _____ Type of Heartworm Prevention: _____

Last Purchased?

Flea Prevention: _____ Purchase date: _____

Date of last fecal exam? _____

Does your pet have any old or current health concerns or injuries that require special attention?

Are there any restrictions on your dog's activities? _____

Is your dog on any medication(s)? If so, please list the medication and the reason(s) for administration. _____

In order for your dog to be admitted for daycare and/or sleepovers, please have your veterinarian provide you with proof of vaccinations and exams and their expiration dates on their letterhead for our files. Future updated documentation will be required.

DAYCARE AGREEMENT

To ensure the health and safety of your dog and all of the dogs in our care, we require that all of our clients comply with the following terms and conditions:

1. I specifically represent to Off the Leash that I am the legal owner of my dog, my dog is healthy, my dog meets all of the vaccination standards of Off the Leash, my dog has not harmed or shown aggressive behavior towards any persons or other dogs, and has not been exposed to any communicable diseases within the 30 day period immediately prior to services. I further agree to inform Off the Leash of any changes in my dog's condition and/or behavior prior to any subsequent services.

2. I understand that my dog must be spayed or neutered prior to attending daycare (if 6 months of age or older).

3. I understand that daycare is offered between 6:30 a.m. and 6:30 p.m. An additional fee of \$1.00 per minute will be charged for any dog not picked up by closing time. Any dog not picked up by 7:30 p.m. will be deemed an overnight guest and will be charged an additional fee of \$20.00. Day care fees are due prior to admission. Any fees for additional services must be paid when picking up your dog. Any package plan sales are final with no refunds issued for unused or expired portions. Package plans are valid for 12 months from the purchase date. I also agree that my dog shall not be released from the facility until all charges due are paid in full.

4. I understand that daycare at off the Leash is a cage-free environment. I accept the risks involved and agree that I am solely responsible for any damages that result from injuries caused by my dog while at Off the Leash. I authorize Off the Leash to do what is necessary for the safety, health and well being of my dog. I authorize veterinary care, including medical and surgical treatment, if needed, to provide for the safety and comfort of my dog and agree to assume full financial responsibility for any resulting fees. Under no circumstances will Off the Leash or its employees be liable for any damages whatsoever.

5. I understand that Off the Leash has the right to refuse admittance to any dog that lacks proof of vaccinations, has a contagious condition, or who fails our standard health and temperament policies. I also understand that aggressive behavior will result in my dog being expelled from day care.

I certify that I have read, understand and will abide by the rules and regulations as set forth in this agreement.

Signature of Owner

Print Name

Date