



ME... AND MY DOGGIE

TODAY'S DATE: _____

EVALUATION DAY DESIRED: _____

Name _____ Co-Owner's Name _____

Address _____

City _____ State _____ Zip Code _____

Primary Number _____ Secondary Number _____

Primary E-mail address _____ Secondary E-mail address _____

Work Number _____ Co-Owner Work Number _____

Veterinarian _____ Phone Number _____

How did you hear about DogMa _____

LOCAL EMERGENCY CONTACT (when we can't reach you, or if you are out of town)

Name _____ Phone Number _____

SERVICES REQUESTED

Reason you are considering Dog-Ma _____

Services being considered

Daycare (include start date and days desired) _____

Boarding (specific dates you need as of right now) _____

DOGGY'S PROFILE

Dog Name _____ Breed _____ Age _____ Weight _____

Color _____ Sex _____ Spayed _____ Neutered _____ Spay/Neuter Date _____

How long have you had your dog (years, months) _____ Where did you get your dog _____

Relevant history _____

Has been crated? yes no Reason _____ How long ago _____

Previous daycare experience? yes no Where _____ Why no longer there _____

Previous "group-play" experience (dog parks, puppy play groups, etc)? yes no

Where _____ Max. # of dogs _____ How often _____



Rules and Requirements

Minimum Age/Weight 3-5 months, predicated on completion of all vaccinations; minimum of 10 lbs

Sex M F All dogs must be spayed and neutered to come to Dog-ma; (puppies younger than 6 months exempted, but must be altered then in order to continue.)

Shots We require written proof of current vaccinations. Owners must submit veterinary certification that their dogs have received DHLPP, Rabies, and Bordetella (Kennel Cough) vaccinations within the last 5 days to 12 months. DHLPP specifically refers to the vaccine for Distemper, Hepatitis, Leptospirosis, Parainfluenza, and Parvovirus. Your dog must have had a fecal exam within the last year and current on flea, tick, and heartworm meds.

Health All dogs must be in good health. Owners will need to certify that their dogs are in good health. Dog-ma may not be suitable for dogs with certain activity restrictions and never with communicable illnesses.

Behavior All dogs must be non aggressive or protective. Owners will need to certify that their dogs have not harmed or shown any aggressive or threatening behavior and are comfortable being handled by staff.

Fee Schedule Effective April 1, 2010; all rates are subject to change without notice.

Daily Daycare Rate \$36.00 per dog (up to 12 hours of service). Frequency discounts are available for at least 12 visits in one month (\$32/day); daily weekday daycare packages for the month also available (\$565/month). Recurring daycare schedules must be booked and paid at beginning of month for discounts.

Overnight Service Rate \$53.00 per night. You may drop your dog as soon as we open on the first day of boarding. An additional daycare fee (based on rates under "daily daycare rates" is assessed for the final day if pickup is after 12 00 noon(1pm on Sundays).

Payment Policy Regular daycare schedules are booked and paid at the start of the month. Boarding stays are paid in full upon drop-off, after a deposit is given on your credit card (or a check) when booking is made. Any boarding stays of over 5 nights, holiday, or summer boarding requires a non-refundable deposit of 50% in advance. Dog-ma accepts Visa and MC.

Office Hours 7am to 7pm weekdays, 9am-5pm Saturdays, 12noon-5pm Sundays.

Late Pick-ups/Fees Currently, late pick-ups are available weekdays until 7 15pm for an additional charge of \$10, and from 7 16-7 30 pm for a charge of \$20, if we are advised by phone. After 7 30pm weekdays or 5pm weekends, if we do not hear from you, your dog will be boarded at current rate. If you did not advise us your dog was boarding and you will not pick up your dog by 7 30pm, and the staff waits for you, a late fee will still apply.

Cancellation Policy Cancellations with less than 24 hours notice will be charged full fees. No shows will be charged and cannot be made up.

Signature of Owner _____ **Date** _____



Agreement

1. I understand and agree that in admitting my dog(s) to Dog-ma, Dog-ma has relied on my representation that my dog is in good health and has not harmed or shown aggressive or threatening behavior toward any person or any other dog.

2. Dog-ma makes every reasonable effort to protect dogs in their care. However, in the event of a problem, I understand and agree that Dog-ma and its staff will not be liable and I hereby release them of any liability of any kind arising from my dog(s) attendance and participation at the facility, or on errands or transport on owner's behalf. I thoroughly understand and accept these risks.

3. I further understand and agree that any problem that develops with my dog(s) will be treated as deemed best by staff of dog-ma in their sole discretion, and I assume full financial responsibility for any and all expenses involved for my dog in the case of illness or injury. However, I will make every effort to maintain responsibility for any harm caused by my dog at Dog-ma.

4. I understand that Dog-ma must maintain client confidentiality unless legally obligated to provide information, unless an owner gives permission.

5. I agree to pay my entire bill according to Dog-ma's payment policies. Dog-ma accepts cash, local checks, and Visa/Mastercard. A credit card will be kept on file for use in emergencies.

I certify that I have read and understand the rules and regulations set forth on the "Rules, Requirements and Agreements" page and that I have read and understand this agreement. I agree to abide by the rules and regulations and accept all the terms, conditions, and statements of this agreement. I certify that all of the information given to Dog-ma in this document is accurate to the best of my knowledge.

Print Owner's Name _____

Signature of Owner _____

Date _____

Name(s) of Dog(s) _____

Visa Mastercard on file for use in case of emergency veterinary care or services

Card Number _____ **Expiration** _____



**Health & Temperament
Certification**

I, _____ (name)

hereby certify that my dog(s) is in good health and have not been ill with any communicable disease in the last thirty (30) days.

I further certify that my dog(s) have not harmed or shown aggressive or threatening behavior toward any person or any other dog.

Attach Veterinary Proof of Vaccination

Rabies expiration _____

DHLPP expiration _____

Bordatella expiration _____

Fecal Float date _____ Heartworm given date _____ Flea/Tick med last given _____

Please List your dogs history of health, including any allergies, medications, hip displasia, etc.

Signature of Owner _____ **Date** _____

Outlook Entry _____

F/U email sent _____

Signed/sent _ _____

Add'l TD notes _____