

# FLYING FUR DOG DAYCARE & BOARDING APPLICATION



## Pet owner information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Home: ( ) \_\_\_\_\_ - \_\_\_\_\_ Work: ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ - \_\_\_\_\_

Email address: \_\_\_\_\_

How did you learn about us: \_\_\_\_\_

## Emergency Contact information:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Home: ( ) \_\_\_\_\_ - \_\_\_\_\_ Work: ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ - \_\_\_\_\_

## Veterinarian:

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*\*Vaccinations: Pet owner is required to provide veterinary proof of current and updated Bordetella, Rabies and Distemper (DHLP-P).*

## Pet Information:

Name: \_\_\_\_\_ Sex: M / F Spayed/Neutered: Y / N

*\*All pets over the age of 6 months must be spayed or neutered to be in group play*

Age: \_\_\_\_\_ Birthday: \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Weight: \_\_\_\_\_ Microchip: # \_\_\_\_\_

Does your dog have any health concerns that you are aware of? Y/N

Describe:

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Does your dog have any medical restrictions on his/her activities? Y/N

Describe:

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Is your dog housebroken or crate trained? \_\_\_\_\_

What commands does he/she know? \_\_\_\_\_

How does your dog generally react to other dogs? \_\_\_\_\_

Has your dog ever been to doggy daycare? \_\_\_\_\_

Does your dog have any kinds of dogs that he/she automatically fears or dislikes? Y/N

If yes, which ones? \_\_\_\_\_

Has your dog ever bitten someone? Y/N

Has your dog ever been in a fight? Y/N

Has your dog ever escaped or attempted to escape by digging/jumping or climbing fences? Y/N

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 receive flea and tick preventative? Y/N

Brand: \_\_\_\_\_ Type: \_\_\_\_\_ Frequency: \_\_\_\_\_

Is there anything else we should know about your dog?

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Pet Owner's Name: \_\_\_\_\_ Pet Name: \_\_\_\_\_

### **Boarding/Daycare Medications**

Please list all medication names and instructions on the lines below. We want to make sure that your pet receives their proper medications while boarding with us.

**Medication Name:**

**Directions:**

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### **Feeding schedule:**

**Time of feeding:**

**Type/Brand/Quantity:**

**Special instructions:**

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## FLYING FUR DAYCARE & BOARDING PET CARE AGREEMENT

This is a required form for all Flying Fur participants receiving services.

1. I understand that Flying Fur 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 Flying Fur, their owners, staff, partners and volunteers, will not be liable financially or otherwise, for injuries to my dog, myself or any property of mine while my dog is participating in services provided by Flying Fur. I hereby release Flying Fur of any liability of any kind arising from my dog's participation in any and all services provided by Flying Fur.
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 Flying Fur 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 Flying Fur and while in their care. I understand that while the socialization and play is closely and carefully monitored by Flying Fur's staff to prevent injury, it is still possible that during the course of normal play my dog may receive minor nicks and scratches from roughhousing 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 Flying Fur I hereby agree to allow Flying Fur 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 Flying Fur.
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 Flying Fur to take whatever action is deemed necessary for the continuing care of my dog. I will pay Flying Fur the cost of any such continuing care upon demand by Flying Fur. I understand that if I do not pick up my animal, Flying Fur will proceed according to the guidelines regarding abandonment of animals by owner. I also acknowledge that I will be fully responsible for all attorney's fees and associated costs if I abandon my dog.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_



## FLYING FUR DAYCARE & BOARDING MEDICAL RELEASE FORM

This is a required form for all Flying Fur participants receiving services.

The safety and well being of your pet(s) is of the highest importance. Insuring 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 owners 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 available facility. We will call ahead to the veterinary offices in 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 owners sign this form.

I understand that in the event of a medical emergency that Flying Fur at its sole discretion deems to need the immediate attention of a licensed veterinarian; I authorize Flying Fur 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) receives and for the cost of transportation as a result of a medical emergency while attending services provided by Flying Fur.

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

## Flying Fur Outdoor Fence Release Form

Our new outdoor fenced area is now available for use by our daycare and boarding dogs. The fence is six feet high and chain link with a reinforced edge along the bottom leaving a small gap. There is a three inch gap in some areas of the fence where the gate meets the curb/wall. We will have an attendant outside with the dogs at all times, however things happen in a split second. Allowing your dog to be off leash in the fenced area is entirely up to you. If you wish to have this option for your dog please sign below.

1. I understand that Flying Fur, or their staff is not liable if my dog were to jump the fence, dig under the fence or break out of the fence in any way. Or if they are injured while attempting to do the above mentioned.
2. I understand that there will be someone outside with my dog at all times.
3. By signing this agreement I give Flying Fur permission to let my dog go in the fenced area off leash.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_