

Dog's Day Out

495 State Highway 121 Bypass Lewisville, Texas 75067

(972) 459-6690

(972) 459-4861 FAX

www.dogsdayouttexas.com

Boarding and Day Camp Application

Vaccinations: Owner is required to provide veterinary proof of current and updated Rabies, Distemper and a 6 month Bordatella

Owner's Name _____

Address _____ City _____ State _____ Zip _____

Home Phone(____) _____ Work Phone(____) _____ Cell(____) _____

E-Mail Address _____

Dog's Name _____ Birth Date _____ Weight _____

Breed _____ Sex: Male _____ Female _____ Color _____

_____ Yes, my pet is _____ Spayed _____ Neutered (required at 6+ months)

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Veterinarian Hospital _____ Contact _____ Phone (____) _____

Address _____ City _____ State _____ Zip _____

Dates boarding your dog _____

Feeding schedule _____ Amount _____

Can you take your dog's food away without him/her starting to growl? _____

Has your dog ever been in a boarding /daycare facility _____ Yes _____ No

If yes, please describe experience _____

Is there any person, type of dog, or situation your dog seems uncomfortable with? _____

Has your dog ever growled at or bit another person or dog? If yes , what were the circumstances? _____

Is your dog willing to share his toys? _____

Has your dog jumped a fence? Please describe _____

Are there any areas on your dog's body he/she not like to be touched? _____

Has your dog ever played with dogs over 15 pounds? _____ Yes _____ No

Has your dog ever played with dogs under 15 pounds? _____ Yes _____ No

Are there any physical/medical problems or disabilities which may affect them in boarding or daycare? _____

Are there any other issues that you wish to address, or feel you should inform us of?

(Visible tumors and/or scars, previous injuries)

Does your dog have any allergies or any other conditions? _____

Medications: _____ Yes _____ No

Please list any medications and advise instructions

Emergency Contact Info (Someone not travelling with you) _____

Home Phone (_____) _____ Work (_____) _____ Cell (_____) _____

Person authorized to Drop off and/or Pick up _____

How did you hear about us? _____

Responsibility and Liability

I understand that Buok Inc./Dog's Day Out will make every effort to provide a safe, clean environment for all the guest which are left in there care for Daycare, Boarding or Grooming at my own risk. I have researched the facility and agree with the open play environment and all of Buok Inc./ Dog's Day Out policies and procedures. I understand all dogs can and may bite and I am aware of the risk of injury to my pet. I agree that I am responsible for any injury, physical, or financial damages caused by my pet to another pet, person, or the facility. I will not hold Buok Inc./Dog's Day Out, or employees responsible should and accident, injury, illness, death or loss of my pet occur while in their care.

Medical Treatment

In my absence, I give permission to Buok Inc./Dog's Day Out to act on my behalf in case of an emergency or apparent health related issue. I also give permission for my pet to be transported by car to my personal veterinarian, Veterinary Clinic or to an Emergency Animal Clinic for any medical situation where assistance is needed while in the care of Buok Inc./Dog's Day Out. I agree to reimburse Buok Inc./Dog's Day Out for all charges incurred for any medical treatment. I will not seek retribution from Buok Inc./Dog's Day Out should any accident, injury, death or loss of my pet occur during or following any services rendered by Buok Inc./Dog's Day Out or its employees.

Vaccination and Health

I agree to provide vet records showing my pet's vaccination history is within the current guidelines required by Buok Inc./Dog's Day Out. Our requirements include: Rabies and Distemper/Parvo within the last year (or three years depending on your Veterinarian recommendation) and the Bordatella vaccination within the last six months. I understand that my pet is still susceptible to other illnesses due to exposure to other dogs. I agree that my pet is healthy, at least four months old, is spayed/neutered, friendly, sociable and clean of ticks and fleas. I agree to reimburse Buok Inc./Dog's Day Out for any charges incurred if my pet is not in adherence with these policies.

Important Policies

Buok Inc./Dog's Day Out is not responsible for misplaced, lost or damaged items.

I understand the rates, payment terms and hours of operation.

If I am not satisfied with the services provided I will notify Buok Inc./Dog's Day Out no later than the next business day.

I understand my pet will not be released to anyone not designated by me on application.

I understand that in the event Buok Inc./Dog's day Out becomes aware of fleas or ticks on my pet the Buok Inc./Dog's Day Out will provide a flea/tick bath at owners expense.

I understand I will be charged \$10.00 for every 15 minutes after the facility closes.

I understand that boarding reservations are highly recommended and appreciated.

I understand that if my dog is coughing or sneezing or showing any other signs of illness, Buok Inc./Dogs Day Out may not allow my dog to board or attend day camp.

I understand participation in play time is at the sole discretion of Buok Inc./Dogs Day Out and that campers may be separated from other campers or asked to leave at Buok Inc./Dogs Day Out sole discretion.

I agree to allow Buok Inc./Dogs Day Out to use my dog's name and any images or likeness of my dog taken while he/she is a guest of Dogs Day Out, in any format, for use, at any time, in any media, marketing, advertising, illustration, trade, or promotional materials. I agree that this provision shall be binding on me and all of my successors, heirs, legal representatives and assigns.

Dog Owner's Signature

Printed Name

Date
