

WHITESTONE DOGHOUSE



DAYCARE HOURS: OPEN 7 DAYS / 7 AM - 5:30 PM

12-49 150th St Whitestone, NY 11357

whitestonedoghouse@gmail.com

whitestonedoghouse.com

(718) 767-7445

DAYCARE APPLICATION

Daycare is a cage-free service designed for social dogs to play and have fun. Safety is our primary goal, therefore, daycare is not for every dog. It is not a place for aggressive dogs to learn how to be social. To be accepted into our daycare program, each potential daycare guest must:

- Complete this Daycare Application/Agreement
- Meet our vaccination and temperament standards
- Be spayed or neutered

Customer Information

Owner's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home: (____) _____ Work: (____) _____ Cell: (____) _____

Emergency Contact(s)

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Others authorized to pick up my pet: _____

Veterinary Clinic on Record: _____

My Veterinarian: _____

Clinic Address: _____

Phone: (____) _____

TELL US ABOUT YOUR PET

Pet's Name: _____

Primary Breed: _____

Secondary Breed: _____

Color: _____

Sex: Male Female Spayed Neutered

Approximate Weight: _____

Birth Date: _____

How long have you had this pet? _____

This pet is from:

- Rescue Store Breeder
 Stray Other: _____

Notes:

MEDICAL INFORMATION

Please write the date in which your dog was last vaccinated

Last physical exam: _____

DHLPPC (or equivalent): _____

Rabies Vaccination: _____ 1 year 3 years

Bordetella: _____ 6 months 1 year

Heartworm Test: _____

Heartworm Prevention Method: _____

Last Fecal Exam: _____

Giardia results: POSITIVE NEGATIVE

Has your dog had any prior surgeries? Yes No

If yes, please describe:

MEDICAL INFORMATION CONT'D

Does your pet have any injuries/health concerns that require special attention?

Yes No

If yes, please explain:

Has your dog ever had hip dysplasia?

Yes No

If yes, are there any restrictions on your dog's activities or movements?

Is your pet taking any medication?

Yes No

If yes, please specify medication(s) and the condition being treated:

Additional information we should know about your pet:

BEHAVIORAL INFORMATION

There are many different ways to train, each customized in the best interest of your pet.

ATTRIBUTES

- Fence climber
- Digger
- Jumps
- Protective
- Mouthy
- Fear of noise/thunder
- House broken
- Paper trained
- Afraid of men
- Afraid of women

Other:

PERSONALITY

- Outgoing
- Verbally Sensitive
- Timid
- Affectionate
- Pushy
- Aggressive
- Excitable
- Playful
- Independent

BEHAVIOR

- Barrier frustration/aggression
- Will bite
- May bite
- Growls
- Snaps
- Shows teeth
- Freezes
- Trembles
- Moves away
- A perfect angel
- Leash aggression

BEHAVIORAL INFORMATION CONT'D

MY PET:

LIKES

DISLIKES

PLAYS BEST WITH:

- | | | | |
|------------------------------|--------------------------|--------------------------|---------------------------------------|
| Getting hugs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> No Dogs |
| Being brushed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Big dogs |
| Being around other dogs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Little dogs |
| Being touched while sleeping | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Older dogs |
| Being touched on ears | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Younger dogs |
| Being touched on paws | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Puppies |
| Being touched on mouth | <input type="checkbox"/> | <input type="checkbox"/> | |
| Being touched on tail | <input type="checkbox"/> | <input type="checkbox"/> | |
| Having nails clipped | <input type="checkbox"/> | <input type="checkbox"/> | |

Does your pet engage in any unusual or repetitive behaviors?

- Yes No

If yes, please explain:

Has your pet ever bitten a person?

- Yes No

If yes, how many times and where were people bitten?

Please describe incidents/causes:

Has your pet ever bitten another dog?

- Yes No

If yes, please explain the incidents and causes:

Has your pet ever bitten a person/dog that required medical intervention (i.e. stitches)?

- Yes No

If yes, was a police report filed?

- Yes No

DAYCARE TERMS AND CONDITIONS

To ensure the health and safety of your dog and all other guests, we require that all of our clients agree and comply with the following terms and conditions:

1. I specifically represent to Whitestone Doghouse Inc. that I am the legal owner of my dog. In addition, my dog is healthy, my dog meets Whitestone Doghouse's vaccination standards, my dog has not harmed or shown aggression or threatening behavior towards any person(s) or other dog(s) and has not been exposed to any known communicable disease within the 30 day period immediately prior to admission to day care. I further represent that each time my dog is brought to Whitestone Doghouse, I will be recertifying that my dog is in good health and has not had any communicable illness of any kind for 30 days prior to admission I further agree to inform Whitestone Doghouse of any changes in my dog's condition and/or behavior prior to any daycare visit.
2. I understand that my dog must be spayed or neutered prior to attending day care (if 6 months of age or older).
3. I am not permitted to bring personal items to day care such as toys, bowls, beds, clothing, etc.
4. I understand day care is offered from 7am-5:30pm. Dogs not picked up by closing time (5:30pm) will be charged \$1.00 for every 1 (one) minute after 5:30 pm and/or boarded overnight if I cannot be reached via phone or e-mail to establish a pick up time.
5. I understand that my dog is required to be fully vaccinated (including distemper, parvo, rabies, and bordetella) and I will provide Whitestone Doghouse with proof thereof from my veterinarian. I agree to provide Whitestone Doghouse with annual updates of my dog's vaccination records in a timely manner. I acknowledge that it is my responsibility to ensure that my dog continues to be fully vaccinated and that Whitestone Doghouse reserves the right to remove my dog from the facility if it is not fully vaccinated.
6. I will assume the expense of a bathing/grooming fee if my pet wants to play in its fecal matter or urine immediately after relieving itself.
7. I understand that my dog must have flea protection in the form of oral treatment such as K9 Advantix, Advantage, Frontline, or Simparica. I acknowledge that flea collars and liquid applications are not acceptable. I understand that my dog will be inspected for fleas when entering Whitestone Doghouse, and will be refused entrance if fleas are found. I further acknowledge that Whitestone Doghouse shall not be held responsible if my dog contracts fleas while at Whitestone Doghouse because proper flea protection is my responsibility.

8. I understand that the leash-free environment at Whitestone Doghouse provides dogs the opportunity to play in close physical contact, including with their teeth and paws. I acknowledge that no amount of supervision or personalized care by Whitestone Doghouse, its agents or employees, can prevent the possibility of injury or illness to my dog.

9. I understand that day care at Whitestone Doghouse is a cage-free service. 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 Whitestone Doghouse. I agree to indemnify and hold harmless Whitestone Doghouse from any and all claims, liabilities, costs and expenses, including court costs and attorney fees, arising out of any harm or injury caused by my dog to other dogs or persons. I authorize Whitestone Doghouse to do whatever is deemed necessary for the safety, health, and well-being of my dog and I agree to assume full financial responsibility for any and all medical expenses incurred. I expressly waive and relinquish any and all claims against Whitestone Doghouse, its employees, agents, and representatives for any injury, illness, or harm to my dog. Under no circumstances will Whitestone Doghouse be liable for consequential damages or damages beyond the replacement value of my dog. I also agree to not slander or defame the reputation of Whitestone Doghouse through verbal, written, or any other form of communication, including social media.

10. I understand Whitestone Doghouse has the right to refuse admittance to any dog that displays signs of untreated or potentially contagious conditions, demonstrates aggressive behavior, or who fails our standard health and temperament policies. I further understand and agree that any problems that develop with my dog will be treated as deemed appropriate by the staff of Whitestone Doghouse, in their sole discretion.

11. In the event any provision of this agreement is declared by a court of competent jurisdiction to be unenforceable, the remaining provisions shall remain in full force and effect.

I certify that I have read, understand, and agree to be bound by the terms and conditions as set forth herein.

Print Name of Pet Owner

Signature of Pet Owner

Date