



Daycare & Boarding Enrollment Form

OWNER'S INFORMATION

Name: _____ Date: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____ How did you hear about us? _____

Emergency Contact Name: _____ * Relation: _____

Emergency Contact Phone Number (s): _____

**Please list an emergency contact that DOES NOT live or travel with you.*

DOG INFORMATION

Name: _____ Breed: _____ Color/Markings: _____

Sex: M F Age: _____ Weight: _____ Birthday: _____

Name: _____ Breed: _____ Color/Markings: _____

Sex: M F Age: _____ Weight: _____ Birthday: _____

Is your dog crate trained? Yes / No (Circle one)

Where did you get your dog? _____

If adopted, any information on your dog's history? _____

Reason for enrolling in dog daycare: _____

Any prior daycare experience: Yes No Briefly explain: _____

BEHAVIOR INFORMATION

Please circle all that describe your dog:

Playful	Barks a Lot	Toy Possessive	Food Possessive
Dog Aggressive	People Aggressive	Bites other Animals	Jumps on People
Stool Eater	Escape Artist	Separation Anxiety	Runs Away
Chews	Hyper	Bites People	Relaxed
Dominant	Fearful	Timid	Collar Sensitive
Shy	Growls at Strangers	Snaps at People	Destroys Furniture or Toys
Likes to Fetch	Has Lots of Dog Friends	Dislikes Being Groomed	Afraid of Other Dogs

Has your dog had any formal obedience training? Yes No If so, what commands does your dog know? _____

Any additional behavior information we should know about your dog? _____

VETERINARIAN & HEALTH INFORMATION

Name and/or Clinic: _____ Phone: _____
Address: _____ City, State, Zip: _____

When is your dog due for the following vaccinations?

Rabies: _____
DHPP: _____
Bordetella: _____

Date of most recent fecal test: _____ Results: _____

All dogs must prove to be free of parasites through a fecal examination. Results obtained at least 2 months prior to attending your trail day of daycare.

Please attach a copy of your dog's vaccination and fecal records to this enrollment form or have your veterinarian fax the records to us at 206.322.8875

Does your dog have any medical conditions or injuries? Yes No

Please describe: _____

Has your dog had any illnesses in the last 30 days? If so, please describe: _____

Is your dog currently on any medications? Yes No

Please describe: _____

Is your dog on any flea prevention program? If so, what? _____

Is your dog currently on heartworm medications? Yes No

Any allergies or food sensitivities? _____

Any additional comments regarding your dog's health? _____

FEEDING INFORMATION

Type and brand of dog food: _____

Quantity and number of times per day: _____

Any medications to be given or other special instructions? _____

Can your dog have treats? Yes No What are your dogs favorite treats? _____

Anything additional we need to be aware of: _____

I certify the answers given are, to the best of my knowledge, true in regards to the above named dog(s).

Pet Owner Signature: _____ **Date:** _____

Thank you for taking the time to complete this form. All of us here at Central Bark are genuinely interested in the health and happiness of your dog. We look forward to meeting your dog (and you) very soon!



Daycare & Boarding Agreement

THIS IS A CONTRACT BETWEEN **CENTRAL BARK** AND THE PET **OWNER** WHOSE SIGNATURE APPEARS AT THE BOTTOM OF THIS DOCUMENT (HEREINAFTER CALLED **OWNER**).

1. OWNER shall pay the rate for daycare and boarding that is in effect on the date the dog is check into CENTRAL BARK.
2. OWNER agrees that the dog shall not leave CENTRAL BARK'S care until all charges are paid by OWNER.
3. OWNER certifies to the accuracy of all information given about the dog on the dog's permanent record.
4. In order to provide a safe and healthy environment for all the dogs under CENTRAL BARK'S care, the following is required:
 - a. An interview of the dog to determine the dog's sociability when interacting with a large number of dogs.
 - b. The following up to date immunizations: Distemper, Hepatitis, Parainfluenza, Parvovirus (also commonly known as the DHPP vaccination), Rabies and Bordetella.
 - c. Negative result of a fecal sample test within the last 30 days (test for parasites). After acceptance, an annual update is required.
 - d. All dogs over 6 months must be spayed or neutered.
 - e. If owner's dog is found to have fleas we will give the dog a flea bath and flea treatment for which owner will be charged.
 - f. Dogs must be wearing a quick release collar and name tag. If they are not, Central Bark will provide them and owner will be charged.
5. OWNER recognizes that dogs can be unpredictable and difficult to control at times and therefore it is possible that OWNER'S dog may harm, or be harmed by another dog and that this is an unavoidable risk when dogs participate in doggie daycare. OWNER accepts this risk of harm to self and to the dog and shall not seek to recover any damages against CENTRAL BARK, its owner or employees for any damage so suffered while owner's dog is on CENTRAL BARK'S premises or in the care of CENTRAL BARK.
6. OWNER also agrees to indemnify and hold harmless CENTRAL BARK for any and all damages to the premises, equipment, employees, other clients and other dogs, which is caused by OWNER or OWNER'S dog. OWNER further agrees to pay all costs and expenses incurred for such damage and injury.
7. CENTRAL BARK agrees that it will give its greatest to assure that any dog under its care is reasonably compatible with other dogs and meets its standard of an acceptable participant in its dog care program. CENTRAL BARK further agrees to exercise all due and reasonable care to prevent injury or illness to all dogs under its care.
9. OWNER grants permission to CENTRAL BARK to act in its behalf and its dog's best interest, in the case of injury or illness, by obtaining veterinary and other necessary care for its dog while under CENTRAL BARK'S care. OWNER agrees to reimburse Central Bark for all costs and expenses incurred for such services.
10. 10 & 20 DAY DAYCARE PASSES EXPIRE 6 MONTHS FROM PURCHASE DATE; 5 DAY DAYCARE PASSES EXPIRE 2 MONTHS FROM PURCHASE DATE. Daycare packages are neither transferrable nor refundable.
11. It is understood by all parties that this agreement is intended to be as broad as possible under Washington state law.
12. Should there be a dispute or litigation over this document, or any other documents signed with CENTRAL BARK, the prevailing party shall be entitled to their reasonable attorney's fees and costs. Any litigation shall take place in King County, Washington State.

AGREED AND ACCEPTED:

Print Owner name: _____

OWNER Signature _____ DATE _____