



# Doggie Day Care Application Form

Owner(s) Name(s): \_\_\_\_\_

Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Cell #: \_\_\_\_\_ Home # \_\_\_\_\_

People authorized to drop of and/or pick up my dog(s) with proper ID:

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

---

**DOG 1** Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_ M/F: \_\_\_\_\_

Weight: \_\_\_\_\_ Spayed: \_\_\_\_\_ Neutered: \_\_\_\_\_ Not Spayed or Neutered (required for dogs 6 months and older) \_\_\_\_\_

Has your dog had these required vaccinations? Rabies (y/n) \_\_\_\_\_ Bordetella (y/n) \_\_\_\_\_ Distemper (y/n) \_\_\_\_\_

List any medications: \_\_\_\_\_

Has your dog ever growled at or bitten another PERSON or DOG? \_\_\_\_\_

What happened? \_\_\_\_\_

Is there any type of situation that causes your dog to become upset? \_\_\_\_\_

Tell us about it: \_\_\_\_\_

Has your dog ever jumped or climbed a fence or barrier? \_\_\_\_\_

Tell us about it: \_\_\_\_\_

Please feed this dog when at BAH (y/n) \_\_\_\_\_ If yes, will you provide your own food? (y/n) \_\_\_\_\_

---

**DOG 2** Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_ M/F: \_\_\_\_\_

Weight: \_\_\_\_\_ Spayed: \_\_\_\_\_ Neutered: \_\_\_\_\_ Not Spayed or Neutered (required for dogs 6 months and older) \_\_\_\_\_

Has your dog had these required vaccinations? Rabies (y/n) \_\_\_\_\_ Bordetella (y/n) \_\_\_\_\_ Distemper (y/n) \_\_\_\_\_

List any medications: \_\_\_\_\_

Has your dog ever growled at or bitten another PERSON or DOG? \_\_\_\_\_

What happened? \_\_\_\_\_

Is there any type of situation that causes your dog to become upset? \_\_\_\_\_

Tell us about it: \_\_\_\_\_

Has your dog ever jumped or climbed a fence or barrier? \_\_\_\_\_

Tell us about it: \_\_\_\_\_

Please feed this dog when at BAH (y/n) \_\_\_\_\_ If yes, will you provide your own food? (y/n) \_\_\_\_\_

---

**DOG3** Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_ M/F: \_\_\_\_\_

Weight: \_\_\_\_\_ Spayed: \_\_\_\_\_ Neutered: \_\_\_\_\_ Not Spayed or Neutered (required for dogs 6 months and older) \_\_\_\_\_

Has your dog had these required vaccinations? Rabies (y/n) \_\_\_\_\_ Bordetella (y/n) \_\_\_\_\_ Distemper (y/n) \_\_\_\_\_

List any medications: \_\_\_\_\_

Has your dog ever growled at or bitten another PERSON or DOG? \_\_\_\_\_

What happened? \_\_\_\_\_

Is there any type of situation that causes your dog to become upset? \_\_\_\_\_

Tell us about it: \_\_\_\_\_

Has your dog ever jumped or climbed a fence or barrier? \_\_\_\_\_

Tell us about it: \_\_\_\_\_

Please feed this dog when at BAH (y/n) \_\_\_\_\_ If yes, will you provide your own food? (y/n) \_\_\_\_\_

---

**Important note:** If your dog(s) fits our Doggie Day Care Criteria, based on the information above, your dog will need to meet with one of our Doggie Day Care Staff, who will socialize your dog while on leash with other guests in a "socialization interview." Your dog will only be accepted into day care after our Staff has given final approval. Your dog's acceptance is contingent on your dog not showing aggressive or other problematic behavior. Please read the accompanying disclaimer carefully and only sign it if you are completely comfortable with our conditions of participation.

**Disclaimer** I, the undersigned, hereby acknowledge and agree that all the information provided in this application is complete and accurate to the best of my knowledge. I further acknowledge and agree that I have read, understand and agree to all terms and conditions contained in the Release, Waiver of Liability, Assumption of Risk and Indemnification Agreement (the Agreement), as they may be amended from time to time, which are attached and fully incorporated into this application. I hereby execute the Agreement for my dog, myself and my heirs, successors, representatives and assigns. I further attest that if I am not the sole owner or representative of the dog subject to this application that my signature is sufficient to enter into this Agreement for and on behalf of any other owner or representative.

Date: \_\_\_\_\_ Owner's Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Becker Animal Hospital accepted this application \_\_\_\_\_ of \_\_\_\_\_ 20\_\_\_\_\_

Becker Animal Hospital Representative: \_\_\_\_\_

READ CAREFULLY. THIS AGREEMENT INCLUDES A RELEASE OF LIABILITY AND WAIVER OF LEGAL RIGHTS AND DEPRIVES YOU OF THE RIGHT TO SUE BECKER ANIMAL HOSPITAL AND RELATED PARTIES. DO NOT SIGN THIS AGREEMENT UNLESS YOU HAVE READ IT IN ITS ENTIRETY. SEEK THE ADVICE OF LEGAL COUNSEL IF YOU ARE UNSURE OF ITS EFFECT.

**BECKER ANIMAL HOSPITAL DOGGIE DAY CARE  
RELEASE, WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNIFICATION AGREEMENT**

In consideration for my dog (herein after “dog”) being permitted to attend Doggie Day Care at Becker Animal Hospital (herein after “Becker Animal Hospital”) for day and overnight boarding, I make the following representations and agree to all of the following policies, procedures, terms and conditions:

**DOG REQUIREMENTS.** My dog meets the following requirements in that he/she: has successfully completed the Doggie Day Care Socialization Interview; is four (4) months of age or greater; he/she is spayed or neutered (if over six (6) months of age); is current on his/her Rabies, Distemper and Bordetella vaccinations; is in good general health and free of ticks and fleas; is not aggressive or protective of toys; meets all other municipal or state licensure and other requirements; is attending Becker Animal Hospital with an identification tag bearing my Guest’s name and guardian or owner’s current contact information. I have completed the application form. My dog will enter and exit the Becker animal Hospital facility with a leash.

**DOG FOOD.** If I want my dog to eat its own food, I must bring a container marked with my Guest’s name and feeding instructions. Becker Animal Hospital will provide food in accordance with the instructions provided in the application. All dogs who are eating will be separate from all other Doggie Day Care dogs.

**PET CAM, PHOTOS AND VIDEO RELEASE.** I agree to allow Becker Animal Hospital, Inc., its owners, employees, officers, directors and agents to use my dogs name and any images or likeness of my dog taken while he/she is at Becker animal Hospital, in any form or 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.

**PERSONAL PROPERTY.** I agree that Becker Animal Hospital shall not be responsible or liable for any lost, stolen or damaged personal property belonging either to me or my dog. I also understand and agree that my dog’s collar may be removed in the play area to prevent injury to another dog. If my dog causes any damage to the Becker Animal Hospital facilities or equipment, I agree to be fully responsible for the full cost of any repair or replacement.

**LATE FEES AND CHARGES.** I understand that boarding is from 7 am to 10 pm. There will be an additional boarding fee after 10 pm until my dog is picked up.

**AGGRESSIVE DOGS.** My dog is not aggressive. I understand that aggressive dogs are not permitted to attend Doggie Day Care at Becker Animal Hospital and that if my dogs acts aggressively or exhibits unacceptable behavior he/she may be separated from the other dogs and may not be able to continue to attend Doggie Day Care at Becker Animal Hospital. Such determinations shall be made at the sole discretion of Becker Animal Hospital.

**ABANDONING YOUR DOG.** I agree that I will not neglect to pick up my dog before the end of published day care times (currently 10pm) without providing notification. Any dog that is left at the Becker Animal Hospital without any contact, instruction or notification from me will be considered abandoned upon the 12th day of such notification failure. I understand that if I abandon my dog at Becker Animal Hospital, Becker Animal Hospital will by default become the legal owner and guardian of the dog. Becker Animal Hospital will, in its sole discretion, determine whether to try to rehome and adopt the dog from the Becker animal Hospital location at which he/she was abandoned or will relinquish the dog to an unrelated shelter of its choice.

Initials \_\_\_\_\_

**DUTY TO DISCLOSE.** I have disclosed any and all medical or other conditions, including but not limited to personality concerns or behaviors that may affect, limit or prevent my dog’s ability to participate in play time or otherwise attend Doggie Day Care at Becker animal Hospital.

**PARTICIPATION.** I understand that participation in play time is at the sole discretion of Becker Animal Hospital and that my dog may be separated from other dogs or asked to leave for any reason.

ACCEPTANCE AND ACKNOWLEDGEMENT OF DAY CARE PARTICIPATION RISK. I FULLY UNDERSTAND THAT: (a) THERE ARE INHERENT AND POTENTIAL RISKS INVOLVED WITH INTERACTIONS BETWEEN HUMANS AND DOGS, AS WELL AS BETWEEN DOGS AND OTHER DOGS, WHICH MAY RESULT IN PROPERTY DAMAGE OR BODILY INJURY, INCLUDING PERMANENT DISABILITY, SICKNESS OR DEATH TO HUMAN OR DOG; and (b) THERE MAY BE OTHER RISKS NOT KNOWN TO ME NOR READILY FORESEEABLE AT THIS TIME (COLLECTIVELY, “RISKS”). I FULLY ACCEPT AND ASSUME ALL RISKS AND RESPONSIBILITY FOR ALL RISKS, INCLUDING, WITHOUT LIMITATION, ALL LOSSES, COSTS AND DAMAGES INCURRED AS A RESULT OF MY OR MY DOG’S PARTICIPATION IN THE EVENT.

**VETERINARIAN LIABILITY AND CARE.** I agree to allow Becker Animal Hospital to give or obtain medical treatment for my dog, if, in its sole discretion it appears that, he/she is ill, injured or exhibits any other behavior that would reasonably suggest that my Guest may need medical treatment. I AGREE THAT I AM FULLY RESPONSIBLE FOR THE COST OF ANY SUCH MEDICAL TREATMENT.

**WAIVER, RELEASE AND INDEMNIFICATION:**

I HEREBY EXPRESSLY AND FOREVER GENERALLY WAIVE, DISCHARGE CLAIMS, INDEMNIFY, RELEASE FROM LIABILITY, SAVE, HOLD HARMLESS AND DEFEND AND COVENANT NOT TO USE BECKER ANIMAL HOSPITAL and their invitees, sponsors, advertisers, owners, officers, directors, employees, volunteers, invitees, agents, lessors, and any parties owning, controlling or having any interest in the property at which the Event is taking place, and all other representatives or agents (the “Releasees”) from and against ANY AND ALL INJURY, LIABILITY, CLAIMS, LITIGATION, ACTIONS, SUITS, COSTS, LOSSES, DAMAGES, EXPENSES OR DEMANDS (including reasonable attorney’s fees) OF EVERY CHARACTER WHATSOEVER on account of, arising out of, resulting from or relating in any way to (i) any act or omission of the Releasees, including negligence, and (ii) my or my dog’s participation in activities at Becker Animal Hospital, or otherwise. I FURTHER AGREE TO INDEMNIFY, SAVE AND HOLD HARMLESS the Releasees from any claims, litigation, actions, suits, damages, costs, attorney’s fees, losses or injuries as the result of any such claim. I AGREE THAT THIS RELEASE SHALL BE BINDING ON ME AND MY SUCCESSORS, HEIRS, LEGAL REPRESENTATIVES AND ASSIGNS. I ALSO EXPRESSLY AND FOREVER RELEASE BECKER ANIMAL HOSPITAL FROM ANY DUTY TO PROTECT ME OR MY DOG(S) FROM INJURY OF ANY KIND, AND AGREE THAT EVEN IF BECKER ANIMAL HOSPITAL CHOOSES TO IMPLEMENT SAFETY PRECAUTIONS, SUCH ACTIONS SHALL NOT ALTER THE FACT THAT I HAVE RELEASED BECKER ANIMAL HOSPITAL FROM ANY DUTY TO PROTECT ME OR MY DOG(S).

I HAVE READ AND FULLY UNDERSTAND THE TERMS OF THIS “RELEASE, WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT” (THE “AGREEMENT”) AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GUARANTEE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT PERMITTED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID OR UNENFORCEABLE, THAT THE REMAINDER OF THIS AGREEMENT SHALL REMAIN IN FULL FORCE AND EFFECT

---

**Applicant’s Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant’s Printed Name:** \_\_\_\_\_

**Becker Animal Hospital Representative:** \_\_\_\_\_