



Doggie Day Kamp

6130 Melody Road NE

Canton, Ohio 44721

(330) 324-4700

www.doggiedaykamp.com

I understand that before my dog(s) can play or board at Doggie Day Kamp the following requirements must be met:

- My dog he/she is not aggressive towards people or other dogs and has not bitten anyone.
- My dog's complete veterinary inoculation records must be furnished to Doggie Day Kamp including rabies, distemper, bordatella and fecal exam for parasites.
- My dog must be spayed or neutered **unless** younger than six months of age.
- My dog must wear a collar with ID securely attached at all times while at Doggie Day Kamp.

Signature

Date

Owner Information

First Name: _____ Last Name: _____

Spouse First Name: _____ Last Name: _____

Address : _____ Apt# / Unit # _____

City: _____ Zip Code _____

Cell Phone: _____ Home Phone: _____

Work Phone: _____ Email: _____

** If you need to reach me first call my; Cell phone or Home Phone or Work Phone

➤ Spouse Contact Info:

Cell Phone: _____ Home Phone: _____

Work Phone: _____ Email: _____

** If you need to reach my spouse first call their; Cell phone or Home Phone or Work Phone

➤ Emergency Contact Name: _____ Relationship _____

Phone Numbers: _____

➤ Additional Info



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Dog(s) Information

Name _____ Gender: Male or Female

Breed: _____ Color/Marking _____

Weight: _____ Birthday: _____ Dog's Favorite food _____

Dog tag # _____ 20 __ Spayed/Neutered? Yes - No / If no, surgery is scheduled for _____

➤ My dog's brother or sister info (if applicable)

Name _____ Gender: Male or Female

Breed: _____ Color/Marking _____

Weight: _____ Birthday: _____ Dog's Favorite food _____

Dog tag # _____ 20 __ Spayed/Neutered? Yes - No / If no, surgery is scheduled for _____

Veterinary Information:

Primary Clinic: _____ Doctor _____

Address: _____ City, _____

Phone Number: _____

Other people authorized to pick-up my dog(s):

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Other Important Information:

My dog(s) has a pre-existing physical/medical condition (i.e. injuries, scars, sensitive stomach): Yes or No

If Yes, please explain



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Liability Agreement

Dog Name(s) (Please print) _____

Owners Name(s) (Please print) _____

Client Agreement and Release of Liability

I hereby release Doggie Day Kamp, LLC its agents, officers, sub-contractors, employees, animal owners, customers, and potential customers of Doggie Day Kamp from any and all liabilities, financial, and otherwise, for injuries to myself, my dog, and any other property of mine, which arise in any way from service and/or products provided by or as a consequence of my association with Doggie Day Kamp LLC.

I agree to assume all liabilities and responsibilities, financial and otherwise, for the behavior and health of my dog. In consideration of the service rendered by Doggie Day Kamp LLC, I waive any and all claims, actions, or demands of any nature, foreseen or unforeseen, that I may have against Doggie Day Kamp LLC, relating to the care, control, health, and/or safety of my dog arising during pick-up, transport, drop-off, and stay at the facilities.

I authorize Doggie Day Kamp to do whatever they deem necessary for the safety, health, and well-being of my dog while under the care of Doggie Day Kamp LLC, including seeking professional veterinary treatment for my dog.

Due to the many outstanding benefits of dog socialization and Doggie Day Kamp's commitment to the safety and well-being of my dog, I agree that the benefits of my dog socialization outweigh the risks. Furthermore, I request a socialized environment for my dog while under the care of Doggie Day Kamp LLC. **Yes I do** _____ **or** **No I do not** _____

I understand that Doggie Day Kamp LLC, has the right to refuse service to me and/or my dog at any time for any reason. I understand that if my dog has a history of or repeatedly demonstrates aggression or biting of humans or animals, Doggie Day Kamp LLC, reserves the right to refuse service. I understand that all bites will be reported to the local authorities as required by law.

I hereby declare to Doggie Day Kamp LLC, that I am the legal owner of my dog; that my dog has not been exposed to distemper, rabies, or parvovirus within the past thirty (30) days, that my dog has been inoculated as indicated by records presented. Doggie Day Kamp is not responsible for any and all items that is left with your dog(s). Doggie Day Kamp is not responsible for any and/or all items left behind after your dog(s) have been picked-up.

Pick-up Times \ Late Fees

Boarding closes at **5:00pm** and Day Care closes at **5:00pm**. After that time, you will be charged an extra night boarding fee as we are **closed**. Normal pick-up times for boarding are **Mon.-Sat** .9:00-11:00 and/or 3:00 - 5:00. **Sunday** 11:00-12:00 and/or 4:00 - 5:00. **All Afternoon pick ups will be charged a half-day fee of \$10.00**. Please be on time as we need to feed, bathe, and walk our 4 legged guests. If you have any concerns or questions please call and/or email us ; info@doggiedaykamp.com or (330) 324-4700

Payment Methods

We accept Cash, Checks, Money Orders, Debit, and Credit cards. I understand that I will be charged a \$35.00 handling fee for any returned checks. If you pay with a credit card there is a processing fee. Please ask for more details. All fees subject to change.

Bathing Details

If I request Doggie Day Kamp LLC to bath and/ brush out my dog(s) I understand that any procedure increases the risk of injury to my dog(s) and will not hold Doggie Day Kamp LLC, it's owners or it's employees responsible for the injury or medical expenses resulting from my dog having their nails clipped and/or given a bath and brushed. I understand that my dog will only be bathed and brushed at my request as there is an additional charge.

By signing below, I acknowledge that I have read this Daycare / Boarding agreement in its entirety and agree to the terms. This agreement shall be binding for the period of **ten (10) years** for the date of signature below.

Client Signature

Date

Doggie Day Kamp LLC

Date



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Medical Agreement

Dog Name(s) (Please print) _____

Owners Name(s) (Please print) _____

I _____ authorize Doggie Day Kamp to administer the following medication and/or Prescription(s) to my dog _____ effective _____ (today's date)

➤ Here are the following instructions and/or requests for the medications and/or prescriptions.

❖ Medication and/or prescriptions: _____

➤ Directions :

✓ Additional Notes / concerns:

By signing below, I acknowledge that I have provided Doggie Day Kamp with all the correct information for the above medication and/or prescriptions. I hereby release Doggie Day Kamp LLC its agents, officers, sub-contractors, employees, of any and all liabilities, financial, and otherwise, for administering medications and/or prescriptions to my dog(s).

Client Signature Date Doggie Day Kamp LLC Date