



DOG CITY DAYCARE DAYCARE & BOARDING APPLICATION

4200 SW Admiral Way, Suite C, Seattle, WA., 98116 || Call: (206) 402 - 6959

Owner's Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Mobile: _____ Home: _____

Work: _____ Email: _____

How did you hear about us? _____

Emergency Information

Emergency Contact: (not partner/spouse) _____

Phone: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Is this person: Authorized to pickup your dog? Y N Make Health Decisions? Y N

Veterinarian Information

Vet's Name: _____ Phone: _____

Existing Medical Conditions: _____

(Put N/A if there are none) _____

Has your dog[s] been in daycare or boarded before? Y N

Pet Information

Name _____ Sex: M F Age: _____ Birthdate: _____

Spayed/Neutered: Y N Weight: _____ Breed: _____

Color: _____ Breed: _____ Can Your Dog Have Treats? Y N

Additional Pet Information

Name _____ Sex: M F Age: _____ Birthdate: _____

Spayed/Neutered: Y N Weight: _____ Breed: _____

Color: _____ Breed: _____ Can Your Dog Have Treats? Y N

If more than two pets, Please include additional information on back of this page.



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Feeding (Dog 1)

Breakfast Amount: _____

Dinner Amount: _____

City: _____ State: _____ Zip: _____

Can your dog have treats? Y N

Veggie/fruit/Parmesan cheese? Y N

Medications (Dog 1)

Type/Dosage: _____ AM Noon PM

Type/Dosage: _____ AM Noon PM

Type/Dosage: _____ AM Noon PM

My pooch needs first medication starting at AM Noon PM OTHER _____

Feeding (Dog 2)

Breakfast Amount: _____

Dinner Amount: _____

City: _____ State: _____ Zip: _____

Can your dog have treats? Y N

Veggie/fruit/Parmesan cheese? Y N

Medications (Dog 2)

Type/Dosage: _____ AM Noon PM

Type/Dosage: _____ AM Noon PM

Type/Dosage: _____ AM Noon PM

My pooch needs first medication starting at AM Noon PM OTHER _____



DOG CITY DAYCARE BEHAVIOR EVALUATION

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Does your dog have any sensitive areas on his/her body? Y N

If Yes - Please Explain _____

Any medical/health conditions, injuries or allergies? Y N

If Yes - Please Explain _____

Personality & Temperament

Describe your dog's personality (mark all that apply):

- Mellow / Calm Shy / Submissive Playful High Energy Dominant
- Well Behaved Unruly

Please mark all behaviors that apply to your dog:

- Food Possessive Jumps on People Mouthy / Bites
- Barks Excessively Growls at Strangers Eats Feces
- Jumps Fences High Strung Toy Possessive
- Destroys Toys / Clothing Destroys Furniture Timid
- Separation Anxiety Does Not Obey

Has your dog ever bitten a person, other dog or animal? Y N

If Yes - Please Explain _____

Has your dog ever shown aggressive behavior towards people? Y N

If Yes - Please Explain _____

Is your dog ever aggressive around other dogs or small dogs (puppies)? Y N

Anything else we should know about? _____

Owner's Signature: _____ Date: _____

Print _____



DOG CITY DAYCARE BOARDING & GROOMING AGREEMENT

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I understand that DogCity Daycare Seattle LLC. has relied upon my representation that my dog is in good health and has not injured or shown aggression or threatening behavior to any person or dog in admitting my dog for services at their facility. I understand that I must have my dog’s vaccines updated from this point out and I assume full financial responsibility and all liability for any and all expenses involved in regard to expired vaccinations that might cause damage or injury to DogCity personally and or another dog. I understand that because of at least one of the following reasons (Matting, Tangles, Temperament of dog, Preference, and/or condition of the coat, extended lapse of time being groomed causing severe matting) if my pet gets razor burn or cut in the process of grooming owner is liable for all vet bills. I further understand that DogCity Daycare Seattle LLC. their owners, staff, partners and volunteers, will not be liable, financially or otherwise, for injuries to my dog, myself or any property of mine while my dog is participating in services provided by DogCity Daycare Seattle LLC. I hereby release DogCity Daycare Seattle LLC. of any liability of any kind arising from my dogs participation in any and all services provided by DogCity Daycare Seattle LLC.

I further understand and agree that any problems with my dog, behavioral, medical or otherwise will be treated as deemed best by staff of DogCity Daycare Seattle LLC. in their sole discretion, and in what they view as the best interest of the animal. I understand that I assume full financial responsibility and all liability for any and all expenses involved in regard to behavior and health of my dog.

I further understand that there are risks and benefits associated with group socialization of dogs. I agree that the benefits outweigh the risks and I accept the risk. I desire a socialized environment for my dog while attending services provided by DogCity Daycare Seattle LLC. and while in their care. I understand that while the socialization and play is closely and carefully monitored by DogCity Daycare Seattle LLC. staff to prevent injury, it is still possible that during the course of normal play my dog may receive minor nicks and scratches from roughhousing with other dogs. Any injuries to my dog will be pointed out by staff upon pick up. I understand by allowing my dog to participate in services offered by DogCity Daycare Seattle LLC. I hereby agree to allow DogCity Daycare Seattle LLC. to take photographs or use images of my pet in print form or otherwise for publication and/or promotion.

I further understand that I am solely responsible, financially or otherwise, for any harm or damage caused by my dog while my dog is attending any services provided by DogCity Daycare Seattle LLC, and I have read and agree to the policies posted in the store.

I understand that if my dog is not picked up on time or by a date specified in a separate agreement, I hereby authorize DogCity Daycare Seattle LLC. to take whatever action is deemed necessary for the continuing care of my dog. I will pay DogCity Daycare Seattle LLC. the cost of any such continuing care upon demand by DogCity Daycare Seattle LLC.

PERSUANT TO WASHINGTON STATUTE RCW 16.54.00 , CLIENT EXPRESSLY ACKNOWLEDGES BY SIGNING THIS AGREEMENT THAT NOTICE HAS BEEN GIVEN, IF THE DOG IS NOT PICKED-UP WITHIN 10 DAYS AFTER ITS SCHEDULED DEPARTURE DATE, THE DOG WILL BE CONSIDERED “ABANDONED” AND THEREAFTER, CLIENT RELINQUISHES ALL RIGHTS AND DISCRETION, MAY BE SURRENDERED TO THE KING COUNTY DIVISION OF ANIMAL CARE AND CONTROL OR ADOPTED TO A THIRD PARTY. NO FURTHER NOTICES SHALL BE REQUIRED. I understand that if I do not pick up my animal, DogCity Daycare Seattle LLC. will proceed according to the guidelines provided by Washington Statue RCW 16.54.00 Abandonment of animals by owner; procedure for handling. I also acknowledge that I will be fully responsible for all attorneys’ fees and associated costs if I abandon my dog.

I also acknowledge that I have read, understand and agree to the company policies posted on our website. I also understand that these policies are subject to change without notice and that it is my responsibility to check for such changes when dropping my dog off for services offered by DogCity Daycare Seattle LLC. I certify that all of my dogs are up to date on all vaccines and I will keep them current. If I willingly falsify vaccine information and another dog becomes ill from my negligence I hereby assume responsibility for all damages and costs.

Owner’s Signature : _____ Date: _____

Printed Name _____



DOG CITY DAYCARE MEDICAL RELEASE

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This is a required form for all DogCity Daycare Seattle LLC. participants receiving services.

First and foremost the safety and well-being of your pet(s) is of the highest importance. Insuring that your pet remains safe and well cared for is our first responsibility and as such we take it very seriously. We do our best to have our pet parents screen for pre-existing health conditions but some factors may be beyond our control. In the event that a medical emergency arises while a pet is at our facility or participating in a service that we provide. It is imperative that we are immediately able to get them medical treatment at the closest available facility. We will call ahead to the veterinary offices in closest proximity geographically to us insure they can handle the emergency present. Your pet will be rushed to the closest available facility for treatment and you will be notified. We notify the owner after we have secured a medical treatment center for the animal to avoid delays that may be caused by emotion on part of the owner. Our goal is to get your pet medical attention as quickly as humanly possible, and any distractions may interfere with that process. For that reason, it is a requirement to have our pet parents sign this form.

I understand that if DogCity Seattle LLC deems that there is a medical emergency, they have the authority to seek immediate attention of a Licensed Vet at the closest available veterinarian facility.

I further agree that I am financially responsible for any medical treatment my pet(s) receives as a result of a medical emergency while attending services provided by DogCity Daycare Seattle LLC.

Owner's Signature : _____ Date: _____

Printed Name _____