

Dogstar Doggie Playcare Application

Reservations are Required

250-954-3642

Dog Information

Dog's Name: _____ Age: _____ Birth Date: _____
Breed: _____ Sex: _____ Color/Markings: _____
Tattoo #: _____ Spayed/Neutered: **Y / N**

Owner Information

Name(s): _____
Address: _____
Phone: Home _____ Cell _____ Work _____
Email: _____
Who else is authorized to pick up your dog?: _____

Emergency Contacts

Name(s): _____
Phone: Home _____ Cell _____ Work _____
Veterinarian: _____ Vet Phone #: _____

Health & Care Information

Required Vaccinations - Please give last date given (MM/DD/YY)

Rabies: _____ Bordetella: _____
DHPP: _____ (Distemper, Hepatitis, Parainfluenza, Parvovirus)
Does your dog have any physical limitations, allergies or health problems? If so, please describe: _____

Please describe any recent injuries or illnesses:

May we give your dog wheat-free veggie/cheese biscuits at Dogstar? **Y / N**

Dog Personality Profile

How long have you had your dog?: _____

Where did you get your dog?: _____

Please describe any knowledge of your dog's history:

Please describe your dog's overall temperament: _____

Has your dog ever attended a daycare before? **Y / N**

Has your dog ever been to a dog park? **Y / N**

How does your dog show happiness?: _____

Unhappiness?: _____

What are your dog's favorite toys?: _____

Has your dog had any obedience training?: **Y / N**

What commands does your dog respond to?: _____

How does your dog generally react to other dogs?: _____

Are there types of people/dogs that your dog dislikes?: _____

Has your dog ever bitten anyone?: _____

Has your dog ever bitten or attacked another dog?: _____

Will your dog share food/toys with other dogs?: _____

Is your dog anxious around any particular: Noises: _____

Actions: _____ Objects: _____

Does your dog have any problems with any of the following (Please check):

Barking: _____ Digging: _____

House Training: _____ Jumping: _____

Chewing: _____ Separation Anxiety: _____

Shyness: _____ Aggression: _____

Is there anything else you'd like us to know about your dog?: _____

How did you hear about us?:

Dogstar Doggie Playcare Client Contract

1) I understand that Dogstar Playcare is a cage-free facility and that an interactive play setting is not without some risk of injury; that despite all dogs appearing healthy and being handled with utmost care, dogs can be unpredictable and the unexpected can occur. I recognize that the benefits of an interactive play group are valuable to my dog and I accept the potential risk. I further agree to pay any Vet/Medical expenses incurred as a result of injury to or caused by my dog.

2) Waiver and Assumption to Hold Harmless:

I understand that Dogstar staff will exercise all due diligence and care in the guardianship of my dog, and hereby waive and relinquish any and all claims against Dogstar Doggie Playcare and its employees, except those arising from negligence on their part. I understand that under no circumstances will Dogstar Doggie Playcare be liable for consequential damages and damages the replacement value of my dog.

3) I understand that if my dog has a history of aggression or biting, Dogstar reserves the right to refuse service.

4) I understand that Dogstar practices a '1 strike' rule, and if my dog shows aggression to other dogs or people, Dogstar has the right to terminate services.

5) I hereby declare that I/we are the legal owner(s) of my dog, that my dog has not been exposed to Distemper, Rabies or Parvo within the past 30 days, that my dog has been vaccinated as indicated by records presented, that my dog is currently and properly licenced, and that I/we the owner(s) have read and understood this document in its entirety.

I/we have read all of the above and agree to the terms

Print Name(s): _____

Dog's Name: _____

Signature(s): _____

Date: _____

Medical Treatment Release Form

In case of emergency, I understand that every effort will be made to contact me or my emergency contact person. However, failing this attempt, I give full permission to Dogstar Doggie Playcare to make any necessary decisions concerning medical treatment of my dog(s), and I understand that I will be fully responsible for any and all fees and charges incurred on my behalf. Dogstar reserves the right to utilize the services of any available Veterinary clinic, should they be unable to reach/acquire the services of my chosen Vet.

Owner's Name(s): _____

Please Print _____

Signature(s): _____

Date: _____

Veterinarian's Name: _____

Phone: _____

Address: _____
