



## **Day Care/Boarding Registration Packet**

**This Registration Packet contains:**

- ✓ **Day Care/Boarding Service Agreement – *please sign and date***
- ✓ **Daycare/Boarding Application – *please fill out one form per dog***
- ✓ **Emergency Medical Release Form – *please sign and date***



## **Welcome to THE PAWS ZONE,**

We are extremely pleased that you have chosen to use our facility for your dog's boarding and daycare needs. We are confident that you will find our services one-of-a-kind. To schedule your visit, please call or fill out an online request. 815-692-4729 or [thepawszone.net](http://thepawszone.net). Enclosed is your Registration Packet for boarding and/or daycare. Please print a copy of this packet and complete all forms BEFORE your arrival. During your initial visit, a member of our staff will review the materials with you and answer any questions you may have. In addition, we must confirm that we have a copy of your dog's most current vaccination records on file. Vaccinations should include rabies, Bordetella, and DHPP. You can contact your vet's office and ask that they fax the medical record to (815)692-4733 or you can email a copy to([thepawszone@gmail.com](mailto:thepawszone@gmail.com)) this information must be sent to us prior to your visit. We want to ensure your check-in goes smoothly and that your experience with THE PAWS ZONE is a positive one. Please allow 15 minutes for the check in process.

### **General Policies**

1. The health and safety of all our guests is important to us. The following vaccinations are required to participate in ANY of our services: Rabies, DHPP, and Bordetella. **NO EXCEPTIONS**
2. We encourage you to bring your pet(s) own food to avoid common digestion problems associated with changing food.
3. We cannot accept aggressive dogs
4. All guests must be free of parasites they will be checked before they are allowed to enter play and lodging areas. If parasites are found they will be treated and charges will apply.
5. Dogs over 6 months of age must be spayed or neutered in order to participate in group play.
6. Puppies are welcome to board after they have completed the final series of shots including Rabies at least 72 hours before arrival.
7. Puppies can participate in Day Care after the second series of shots. Please follow the recommendations of your Vet.
8. If you are crate training you may bring your crate to place inside your puppies room in order to continue the training during their stay. Crates must be metal or plastic. **NO BEDDING WILL BE ACCEPTED**
9. Day care Drop off and Pick up outside of business hours must be prescheduled
10. We encourage you to bring a couple of your dogs favorite items. Please label them and choose items that can be washed or sanitized daily. **NO BEDDING WILL BE ACCEPTED**
11. Cancellations for boarding guests must be made 72 hrs in advance.



## Dog Day Care/Boarding Service Agreement

Owner's Name: \_\_\_\_\_ Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Primary Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ 2<sup>nd</sup> Emergency Contact ( ) \_\_\_\_\_ - \_\_\_\_\_

Dogs Name(s) : \_\_\_\_\_ Age: \_\_\_\_\_ Breed: \_\_\_\_\_

1) I understand that THE PAWS ZONE, has relied upon my representation that my dog is in good health, and has not injured, shown aggression or threatening behavior to any person or dog, in admitting my dog for services at their facility.

2) I understand that THE PAWS ZONE, 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 THE PAWS ZONE. I hereby release THE PAWS ZONE of any liability of any kind arising from my dogs' participation in any and all services provided by THE PAWS ZONE.

3) I understand and agree that any problems with my dog, behavioral, medical or otherwise will be treated as deemed best by staff of THE PAWS ZONE, 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 regards to the behavior and health of my dog.

4) I understand that there are risks and benefits associated with group socialization of dogs. I agree that the benefits outweigh the risks, and that I accept the risk. I desire a socialized environment for my dog while attending services provided by THE PAWS ZONE. While in their care, I understand that while the socialization and play is closely and carefully monitored by THE PAWS ZONE 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 and reported upon pick-up.

5) I understand by allowing my dog to participate in services offered by THE PAWS ZONE, I hereby agree to allow THE PAWS ZONE to take photographs or use images of my pet in print form or otherwise for publication and/or promotion.

6) I understand that I am solely responsible, financially or otherwise, for any harm or damage caused by my dog during the attendance of any services provided by THE PAWS ZONE.

7) I understand that if my dog is not picked up on time, I hereby authorize THE PAWS ZONE to take whatever action is deemed necessary for the continuing care of my dog. I will pay THE PAWS ZONE, the cost of any such continuing care upon demand by THE PAWS ZONE. I understand that if I do not pick up my dog, THE PAWS ZONE, will proceed according to guidelines provided by Illinois Statute (510 ILCS 70) Humane Care for Animals Act. (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.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_



## Medical Release Form

### **This is a required form for all participants receiving services at THE PAWS ZONE**

First and foremost, the safety and well being of your pet(s) is of the highest importance. Ensuring 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 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 to ensure 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 the part of the owner. Our goal is to get your pet medical attention as quickly as humanly possible, and avoid any distractions that may interfere with that process.

### **For this reason it is a requirement for our pet parents to sign this form.**

***I understand that in the event of a medical emergency, that THE PAWS ZONE, at their sole discretion will seek the immediate attention of a licensed veterinarian. I authorize THE PAWS ZONE to seek medical attention at the closest available veterinary 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 THE PAWS ZONE.***

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_



**Dog Day Care Application** (Please fill out an application for each dog)

How did you hear about THE PAWS ZONE? \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Primary Phone ( ) \_\_\_\_\_ - \_\_\_\_\_  
Work Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Dogs Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Breed: \_\_\_\_\_

**If we can't get in touch with you whom can we contact?**

Name: \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Veterinarian: Name \_\_\_\_\_  
Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**PET INFORMATION**

Name: \_\_\_\_\_ Sex: M / F Birthday? \_\_\_\_\_ Spayed/Neutered? Y / N Age \_\_\_\_\_  
Breed \_\_\_\_\_ Color \_\_\_\_\_ Weight \_\_\_\_\_ Micro Chip? Y / N

Feeding Schedule: \_\_\_\_\_

Brand and Type of food: \_\_\_\_\_

Is your dog allowed to have treats? Y / N If yes what type? \_\_\_\_\_

Where did you get this dog? \_\_\_\_\_

How long have you had him/her? \_\_\_\_\_

If you have not had him/her from puppy hood, what do you know of its prior history?

Are there any other animals in the household? (Species/Breed/Age)

What is the make up of your household? Adult Males \_\_\_\_\_ Adult Females \_\_\_\_\_ Children/ Ages \_\_\_\_\_

Which family member is your dog most fond of? \_\_\_\_\_

Which sex is your dog most fond of? M / F

Please describe your dogs overall temperament:

How does your dog react to other dogs? (Generally)

Has your dog ever participated in play at a dog park or daycare? Y / N

If yes how did he/she react with the other dogs? \_\_\_\_\_

How does your dog react to strangers? \_\_\_\_\_

Does your dog have any kinds of people he/she automatically fears or dislikes? Y / N

If yes please describe

Does your dog have any kinds of dogs that he/she automatically fears or dislikes? Y / N

If yes please describe \_\_\_\_\_

Has your dog ever bitten someone? Y / N

If yes please describe \_\_\_\_\_

Has your dog ever been in a fight or bitten another dog? Y / N If yes please describe

Do you walk your dog? Y / N How Often? \_\_\_\_\_ Distance? \_\_\_\_\_

What known behavioral problems does your dog have?

Does your dog have a circumstance or situation that he/she is frightened of?

Describe how you calm the dog during this situation:

Is your dog housebroken or crate trained?

Does your dog play with toys? Y / N What is his/her favorite? \_\_\_\_\_

Is your dog toy possessive? Y / N

Has your dog shared toys/food/water with other dogs before? Y / N If yes, were there any problems?

Does your dog prefer a particular sex of dog? \_\_\_\_\_

What commands does your dog know? \_\_\_\_\_

Bathroom command \_\_\_\_\_ Quiet Command \_\_\_\_\_ Play command \_\_\_\_\_

What do you do with him/her when you leave home? \_\_\_\_\_

**MEDICAL CONCERNS** Does your dog have any health concerns that you are aware of?

Does your dog have any medical restrictions on his/her activities?

Is your dog currently on any medication? If yes what kind

Does your dog have allergies? \_\_\_\_\_

Does your dog like to be brushed? \_\_\_\_\_

How does your dog react to getting his/her nails clipped?

Does your dog have any areas on his/her body that he/she does not like to be touched?

Does your dog have a special place that he/she likes to be petted or rubbed?

Does your dog receive flea and tick preventative? Y / N Brand \_\_\_\_\_ Frequency \_\_\_\_\_  
Is there anything else that you believe we should know about your dog?

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**Please note that the first day of day care/boarding will be an evaluation day. THE PAWS ZONE values the health and safety of every pet in our care. As such we cannot accept aggressive dogs, or dogs with an inability to interact socially with other canines. It is our policy that all Dogs that participate in group play are spayed or neutered as unaltered dogs destabilize the pack, and are at greater risk for injury by other dogs. We will divide groups accordingly. Please bring all signed and completed paperwork along with a copy of your dog's vaccinations with you to Check-in. THANK YOU!! THE PAWS ZONE**