

Puppy Salon
2215 East Main Ave
Suite 1
Bismarck, ND 58501
701-222-2260

Day care is a cage free service designed for social dogs to play and have fun. Safety is our primary goal; therefore, **day care is not for every dog**. It is not a place for aggressive dogs to learn how to be social. To be accepted into our daycare program, each potential day care guest must:

1. Complete this daycare Application/agreement
2. Meet our vaccination and temperament standards
3. Be spayed or neutered (except for puppies under 6 months)

Client information:

Owner's name _____

Address _____

City _____ State _____ zip _____

Home (____) _____ Work (____) _____

Cell (____) _____

Emergency Contact(s):

Name _____ phone _____ Relationship _____

Name _____ phone _____ Relationship _____

Name _____ phone _____ Relationship _____

Others authorized to pick-up my pet

Name _____ phone _____ Relationship _____

Name _____ phone _____ Relationship _____

Name _____ phone _____ Relationship _____

Pet Information:

Pets Name _____

Primary Breed _____ Color _____

Sex: __ Male __ Female __ Spayed __ Neutered

Birth Date _____ How long have you had this pet? _____

Medical Information:

All dogs must be current on Rabies, Distemper & Bordetella Vaccines. We need dated proof.

Distemper: _____

Rabies: _____

Bordetella: _____

Heartworm test: _____ Heartworm prevention: _____

Last Fecal Exam: _____

Does your pet have any injuries/health concerns that require special attention?

Yes ___ No ___

If yes, please explain _____

Does your dog have hip dysplasia? yes__ No__

If yes, are there any restrictions on your dog's activities or movements: _____

Is your pet taking any medications? __Yes __no

If yes, please specify medication(s) and the condition being treated: _____

Behavioral Information:

Fence climber

outgoing

will bite

Digger

Timid

may bite

Jumps

Affectionate

growls

Protective

Pushy

snaps

Mouthy

aggressive

shows teeth

Fear of noise/thunder

excitable

freezes

House broken

playful

trembles

Paper trained

independent

moves away

Afraid of men

My Pet:

Likes:

Dislikes:

Plays best with:

Being brushed

__

__

No dogs__

Being around other dogs

__

__

big dogs__

Being touched while sleeping

__

__

little dogs__

Being touched on ears

__

__

older dogs__

Being touched on paws

__

__

Younger dogs__

My Pet: **Likes:** **Dislikes:** **Plays best with:**

Being touched by mouth ___ ___ Puppies ___

Being touched on tail ___ ___

Having Nails clipped ___ ___

Bath ___ ___

Does your pet engage in any unusual or repetitive behavior? Yes ___ No ___

If yes, Please explain: _____

Has your pet ever bitten a person? Yes ___ No ___

Has your pet ever bitten another dog? Yes ___ No ___

Additional Information you should know about my pet: _____

Daycare Terms and Conditions:

To ensure the health and safety of your dog and all other guests, we require that all of our clients agree and comply with the following terms and conditions:

1. I specifically represent to Puppy Salon that I am the legal owner of my dog. In addition , my dog is healthy, my dog meets all the Puppy Salon vaccination standards, My dog has not harmed or shown aggression or threatening behavior towards any person(s) or other dog(s) and has not been exposed to any communicable illness of any kind for 30 days prior to admission. I further agree to inform Puppy Salon to any changes in my dogs condition and/or behavior prior to any daycare visit ____
2. I understand that my dog must be spayed or neutered prior to attending daycare (if 6 months of age or older). ____
3. I understand that daycare is offered between __A.M. - __P.M. Dogs not picked up by closing time (__P.M.) will be charged \$10.00 for every 15 minutes after __P.M ____
4. I understand that my dog is required to be fully vaccinated (including Rabies, Distemper & Bordatella Vaccines) and I will provide Puppy Salon with the proof from my veterinarian. I agree to provide Puppy Salon with annual updated of my dogs vaccination records. I acknowledge that it is my responsibility to ensure that my dog continues to be fully vaccinated and that Puppy Salon reserves the right to remove my dog from the facility if it is not fully vaccinated. ____
5. I understand that my dog must have flea protection either over counter or from vet. I understand that my dog will be inspected for fleas when entering into Puppy Salon and will be refused entrance if fleas are found. I further acknowledge that Puppy Salon shall not be held responsible if my dog contracts fleas while at Puppy Salon because proper flea protection is my responsibility. ____

6. I understand that the leash free environment at Puppy Salon provides dogs the opportunity to play in close physical contact, including with their teeth and paws. I acknowledge that no amount of supervision or personalized care by Puppy Salon and or its employees can prevent the possibility of injury or illness to my dog. ____

7. I understand that day care at Puppy Salon is a cage free service. I accept the risks involved and I agree that I am solely responsible for any damages that result in any injuries caused by my dog while at Puppy Salon. I agree to indemnify and hold harmless Puppy Salon from any and all claims, liabilities, cost and expenses, including court costs and attorney fees, arising out of any harm or injury caused by my dog to other dog(s) or person(s). I authorize that Puppy Salon to do whatever deemed necessary for the safety, health and well-being of my dog and I agree and assume full financial responsibility for any and all medical expenses incurred. I expressly wave and relinquish and all claims against Puppy Salon and its employees for any injury, illness, or harm to my dog. Under no circumstances will Puppy Salon be liable for consequential damages or damages beyond the replacement value to my dog. ____

8. I understand Puppy Salon reserves the right to refuse admittance to any dog that displays signs of untreated or potentially contagious conditions, demonstrates aggressive behavior, or who fails our standard health and temperament policies. I further understand and agree to any problems that develop with my dog will be treated as deemed appropriate by the staff at Puppy Salon, in their sole discretion. ____

9. In the event any provision of this agreement is declared by a court of competent jurisdiction to be unenforceable, the remaining provisions shall remain in full force and effect. ____

I certify that I have read, initialed, understand and agree to be bound by the terms and conditions set forth.

Signature of Owner _____ Date _____

Print Name _____