# **Dog Time, Inc.**

# **Enrollment Form**

# **Updated** 5/4**/2021**

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# **All Temperament Evaluations will be conducted at our facility at 2489 Washington Ave, San Leandro.**

# **Owner Information**

Last Name: First Name: .

Address: City ST ZIP .

Home Work Cell 1 Cell 2 .

Emails

Emergency Contact/Others

Authorized to pick up my dog: Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### **Veterinarian Information**

Name/Hospital: Phone:

Address:

□ Vaccination Records attached □ Please call to verify ($5.00 charge)

## **Doggie Personal/Behavior Profile**

Dog’s Name: Breed:

Birthday (MM/DD/YY) Age: Weight: Color:

Gender: □ Male □ Female □ Spayed/Neutered If no, when is it scheduled?

Flea Program**:** □K9 Advantix □Frontline Plus □ Other:

Has your dog ever been to a daycare? □Yes □No Where?

## Has your dog ever been boarded before? □Yes □No Where?

If enrolling in daycare, what is your primary reason for bringing your dog to daycare?

□ Improve Social Skills □ Exercise and Stimulation □ Busy Work Schedule

□Just for a fun time! □Lessen Destructive behavior at home □ Training (potty or behavior)

Has your dog ever growled or bitten a person or another dog? □Yes □No

If Yes, describe event \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## **Health, Fitness & Grooming**

Does your dog have any health issues that require special attention? □ Yes □ No

If yes, describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Play restrictions requested □ Limit Jumping □ Limit Running □ Limit Hard Play

 (Limiting play may require time outs in restricted area)

Does your dog have any allergies? □ Yes □ No Describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your dog react negatively when lead by the collar? □ No □ Yes

Does your dog have any areas on his body where he does not like to be touched? □ Yes □ No

Sensitive Areas\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Exercise/Play Activity**

Describe the normal exercise/play activity your dog receives: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How often is your dog exercised: □ More than 1 x per day □ Daily □ Every other day □ None

How tired is your dog after the exercise □ Not tired □ Lightly □ Moderately □ Very

How long is each exercise □ Less than ½ hour □ An Hour □ More than an hour

**Behavior at Play with Others** (choose all that apply):

□Rough Player □Gentle Player □Vocal Player □Dislikes Dogs

□Submissive □Not Interested □Fearful □Likes Any Dog

□Prefer Small Dogs □Prefers Big Dogs □Humps Others □Better with Opposite Sex

□Likes to Fetch □Dog Aggressive □Toy Possessive □Food Possessive

Other:

**Does your dog have any aversion/dislike of**

□ Big dogs □ Small dogs □ Puppies □ Older dogs

□ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Behavior Profile** (choose all that apply):

□Quiet □Shy □Friendly □Noisy □Energetic □Separation Anxiety □Jumper □Escapist

□Destructive □Fence Climber □People Aggressive □Dog Aggressive

□Toy Possessive □Submissive □Food Possessive □Eats Foreign Objects/Poop

□ Other

How did you hear about us?

What else would you like to tell us about your dog?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dog Time,Inc Agreement**

This is a contract between Dog Time, Inc. (hereinafter called “DTI”) and the pet Owner whose signature appears below (hereinafter called “Owner”).

1. OWNER AGREES TO PAY: Owner agrees to pay the published rate at the time of check-in. There are no refunds for daycare, boarding or any daycare pass except as described in paragraph 3 below. Owner further agrees to pay all charges for special services requested including but not limited to late pickup, grooming and all veterinary costs for the pet during the time said pet is in the care of DTI. All our rates and services are listed at our web site at [www.dogtimenow.com](http://www.dogtimenow.com)
2. HOURS OF OPERATION MON-FRI ARE 7AM TO 5PM, SAT & Sunday 9AM - 5PM. Owner agrees that the Owner or its agent will pick up the pet(s) within those time periods. For overnight boarding service, Owner agrees that if the pet is picked up AFTER 1:00pm on the checkout date a half daycare fee will be charged.
3. Daycare and Boarding Packages: You can save by purchasing a prepaid package of boarding or daycare visits and use them subject to availability. ALL PACKAGES EXPIRE 24 MONTHS FROM PURCHASE and are only refundable if your dog passes away or is surrendered to a non-profit dog rescue organization or Dog TIme Agrees to refund. In the event of a refund all package visits used will be re priced at our daily rates, subtracted from the original package purchase price and any remaining balance refunded.
4. OWNER INFORMATION IS ACCURATE: By signing this contract and leaving the pet with DTI, You certify that you are the Owner of the pet and also certify to the accuracy of all information given about said pet(s) in both the Enrollment Form and Medical Release Form.
5. DOG TIME, INC’S LIABILITY IS LIMITED: DTI shall exercise due diligence and reasonable care for the pet(s) delivered by the Owner to DTI for any service. All pets are handled or cared for by the DTI staff without liability on the DTI’s part for loss or damage from disease, theft, fire, death, escape, injury or harm from any other causes, due diligence and care having been exercised by DTI. The Owner of the pet further agrees to be solely responsible and liable for any and all acts or behavior of said pet while pet is in the care of DTI.
6. INJURY AND ILLNESS: As with any activity involving exposure of the Owner’s dog to other dogs, there is an increased chance of injury or the development of illness. DTI will take precautions to reduce this risk, but cannot eliminate it. Examples of common injuries are sore feet and joints from playing, bruises and scratches. Common illnesses are respiratory infections, digestive problems, viral and bacterial infections. While DTI supervises the group plays, DTI cannot control every situation. Some dogs may behave inappropriately towards other dogs or staff. DTI staff will attempt to modify these behaviors by using humane methods like redirecting their attention, rewarding appropriate behavior, administering time outs. A dog may be asked to not return to DTI if the behavior cannot be modified and problems persist. DTI shall not be held responsible for any medical expense for the owner’s dog.
7. VACCINATION AND OWNER’S WARRANTY: Owner specifically represents to DTI that the pet has not been exposed to Kennel Cough, Giardia, non-demodetic mange or other communicable diseases within any thirty day period prior to boarding or daycare, and that all vaccinations for DAP/DHPP, Rabies and are current and will be maintained as required by state law and your vet. Pets arriving with fleas or ticks will be treated at the Owner’s expense. DTI reserves the right to refuse any dog. DTI recommends that all dogs be evaluated by your vet an least once per year and tested for worms and parasites. Rabies Vaccination is required by state law and cannot be waived. Dogs that have never been vaccinated are not eligible to stay at DTI’s Stay and Play facility.
8. RETURN CHECKS: In the event of the Owner’s check is returned by the bank, the Owner agrees to pay all charges incurred by DTI to collect this debt plus an additional $25.00. Owner agrees to pay any reasonable attorney fees incurred by DTI to collect any charges incurred by the Owner.
9. ATTENDED HOURS: Monday – Thursday we close at 7PM Saturday and Sunday we close at 5:00PM . Our night attendant arrives at 8PM and stays till 11;59PM In addition to attending our guests the night attendant has cleaning duties and will not constantly monitor your dog. Owner understands that there are periods when there are no attendants on site. I also understand that it is my obligation to inform DTI in writing if my dog must be crated or secured in a non-standard manner to reduce the risk of injury to my dog and any destruction of the DTI facility during an overnight stay
10. ARBITRATION: Any controversy or claim arising out of or relating to this contract, or the breach thereof, or as the result of any claim or controversy involving the alleged negligence by any party to this contract, shall be settled in accordance with the rules of the American Arbitration Association, and the judgment upon the reward rendered by an arbitrator may be entered in any Court having jurisdiction thereof.. The arbitrator shall, as part of his award, determine an award to the prevailing party of the costs of such arbitration and reasonable attorney’s fees of the prevailing party.
11. CANCELLATION: For cancellation of a reserved overnight stay less than 72 hrs prior to 7am of the check-in date, client agrees to pay a $50 cancellation fee. For cancellation of a reserved overnight stay for the week prior, the day of, and the week after a Federal Holiday, a minimum of 10 days advance notice of cancellation from the check-in date is required via email to dogtimenow@gmail.com If such cancellation is not received at least 10 days prior to the check in date, client agrees to pay a $150 cancellation fee. New customers of DTI who cancel their first visit without notice as described above will be removed from the Dog Time, Inc. client list and may not be eligible for any future visits.
12. GROOMING, BATHING, NAIL CUTS: In regards to any grooming service performed: Any grooming which takes place on an elderly animal or animal with health problems will be at the owner’s risk. Pet owner understands that the process of grooming may be stressful which may cause latent, unknown, or inactive conditions such as heart, kidney, or liver disorders to become active and can result in illness, seizures, or the death of the pet. DTI shall not be held liable for such pre-existing health or other problems. Dematting/thinning out of matted hair may cause patchiness, hair loss or minor.
13. ENTIRE AGREEMENT This contract contains the entire agreement between the parties. All terms and conditions of this contract shall be binding on the heirs, administrators, personal representatives, agents, and assigns of the Owner and DTI. Any part of this contract found to be invalid shall not affect the remainder of this contract, which shall remain in full force. I have read, understand, accept, and agree to be bound by the terms, and conditions of this agreement.

 Owner’s signature: Date:

Print Name:

**Emergency Medical Release Form**

The undersigned Owner, or authorized agent, of the pet(s) named hereby authorizes a licensed veterinarian, and whoever may be designated as assistants, to administer such treatments and to perform such procedures as are considered therapeutically or diagnostically necessary for the care of my animal, including the administration of anesthesia.In the event that emergency treatment is required or my dog presents with a potential illness and Dog Time, Inc. (“DTI”) is unable to contact me, I authorize DTI to transport my dog to a veterinary clinic of its choice. I also authorize the veterinary staff and their assistants to perform medical and surgical treatments necessary to preserve the life of my pet(s) until I can be contacted for further authorization.

I understand that no guarantee of successful treatment is made. I accept full financial responsibility for the treatment of my pet(s), and I understand that payment in full is due upon release of the pet(s) from the veterinary hospital, or when service is otherwise finished or discontinued. I understand that I am entitled to a written estimate of charges at my request.In the event that DTI has paid for such services, I agree to reimburse DTI for the full amount at the time of check out.

I certify that I have read and fully understand this authorization for emergency medical treatment, the reasons why such treatment is considered necessary, as well as the advantages and possible complications.I hereby release DTI and all staff from any and all claims arising out of such an emergency situation.I Represent That I Have Made Full Disclosure And Have Read, Understand, And Accept The Terms And Conditions Stated In This Agreement, And Acknowledge That This Agreement Shall Be Effective And Binding Upon The Parties

Owner’s signature: Date:

Print Name: Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_