



"WHERE IT'S ALL FOR THE LOVE OF DOGS"

DOGMA DOG CARE

DAY CARE & BOARDING AGREEMENT

All information is confidential and is to be used for the purpose of caring for your pet

OWNER (1) INFO:

Name: _____ Address: _____

City, State & Zip _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

E-mail Address: _____ E-mail Address: _____

OWNER (2) INFO:

Name: _____ Address: _____

City, State & Zip _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

E-mail Address: _____ E-mail Address: _____

Who else may we contact if we can't reach you in an emergency?

Name: _____ Phone: _____

Is anyone other than yourself authorized to pick up your pet? Yes No

By selecting "Yes" you authorize Dogma Dog Care to release your pet to the person listed below and release Dogma Dog Care from any and all responsibility:

Name(s): _____ Phone: _____



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How did you hear about us?

- Referral Client Name _____
- Magazine Name Which one _____
- Festival/Event Which one _____
- Rescue Group Name Which one _____
- Search Engine Name Which one _____
- Veterinarian Name Which one _____
- Drive By/Billboard
- Flyer
- Other

****Please note that additional bedding is not required for your dog's stay at Dogma ****

Dog #1 Info

Dog's Name: _____ Birth Date: _____

My dog is: Male Female Spayed/Neutered Under eight (8) months
All dogs over eight (8) months must be spayed/neutered for group play

Breed: _____ Weight: _____ Color: _____

- Has this dog ever attended doggie "daycare" or been boarded?
 Yes No If so, where? _____
- Any medical or behavioral issues reported? (Storm fears, destroys bedding, chews, chases cats)
 Yes No If yes, describe _____
- Any medical problems or physical ailments? (Seizures, asthma, arthritis, incisions, allergies, etc.)
 Yes No If yes, describe? _____
- Has this dog ever exhibited aggressive behavior towards other dogs?
 Yes No If yes, describe? _____
- Has this dog ever exhibited aggressive behavior towards people?
 Yes No If yes, describe _____
- Has this dog ever jumped a fence?
 Yes No If yes, how high was the fence? _____



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Dog #2 Info

Dog’s Name: _____ Birth Date: _____

My dog is: Male Female Spayed/Neutered Under eight (8) months
All dogs over eight (8) months must be spayed/neutered for group play

Breed: _____ Weight: _____ Color: _____

- Has this dog ever attended doggie “daycare” or been boarded?
 Yes No If so, where? _____
- Any medical or behavioral issues reported? (Storm fears, destroys bedding, chews, chases cats)
 Yes No If yes, describe _____
- Any medical problems of physical ailments? (Seizures, asthma, arthritis, incisions, allergies, etc.)
 Yes No If yes, describe? _____
- Has this dog ever exhibited aggressive behavior towards other dogs?
 Yes No If yes, describe? _____
- Has this dog ever exhibited aggressive behavior towards people?
 Yes No If yes, describe _____
- Has this dog ever jumped a fence?
 Yes No If yes, how high was the fence? _____

Dog #3 Info

Dog’s Name: _____ Birth Date: _____

My dog is: Male Female Spayed/Neutered Under eight (8) months
All dogs over eight (8) months must be spayed/neutered for group play

Breed: _____ Weight: _____ Color: _____

- Has this dog ever attended doggie “daycare” or been boarded?
 Yes No If so, where? _____
- Any medical or behavioral issues reported? (Storm fears, destroys bedding, chews, chases cats)
 Yes No If yes, describe _____
- Any medical problems of physical ailments? (Seizures, asthma, arthritis, incisions, allergies, etc.)
 Yes No If yes, describe? _____
- Has this dog ever exhibited aggressive behavior towards other dogs?
 Yes No If yes, describe? _____
- Has this dog ever exhibited aggressive behavior towards people?
 Yes No If yes, describe _____
- Has this dog ever jumped a fence?
 Yes No If yes, how high was the fence? _____



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Veterinarian Information

Veterinarian Office Name: _____ Veterinarian’s Name: _____
Telephone: _____ Address: _____

Please provide a copy of your current vaccination records from your vet. Current vaccinations required are Rabies, DHLP-P, Distemper and Bordatella. Records can be faxed to 770-436-4343.

Copy of Vaccinations Received: Yes No

Special Instructions:

Please bring your pet(s) food in individual plastic re-sealable bags separated and labeled by day and meal. We do have refrigeration and microwaves if it applies to the preparation of your pet’s meals. If you do not bring your pets food, we will be happy to provide them with our “house food”; Victor Dog Food, at a cost of \$5 per day.

- Will food be brought from home? Yes No
- Medications (pills, ointments) administered during the stay? Yes No

If yes, give instructions: _____
What condition does this treat? _____

About Canine Papilloma Virus (CPV): For the protection of the health and well-being of the dog, other dogs as well as DDC staff, dogs must be able to provide a negative screening for Canine Papilloma Virus (CPV). The virus is considered contagious to other dogs. If we find a lesion we suspect might be canine papilloma virus, your dog will be removed from the play group and sent home. If your dog is diagnosed with CPV you cannot bring your dog to day care until he/she has been lesion free for 10 days. Your dog will need to be cleared by your vet before they are allowed back for daycare or boarding.

Method of Flea Control: _____ (Must be on flea control program and FREE of fleas)

Method of Heartworm Prevention: _____ (Must be on heartworm prevention)

POLICIES & DISCLAIMERS

1. Dogma Dog Care, LLC (hereafter referred to as DDC) reserves the right to refuse any dog. Dogs must pass a temperament test to be conducted by DDC prior to any day care or boarding stay. For the protection of the health and well-being of the dog, other dogs as well as DDC staff DDC reserves the right to change dog’s day care or boarding stay if any aggressive behavior is shown and as deemed necessary at the sole discretion of DDC.
2. Owner is aware and understands there are risks associated with his/her dog(s) participation at DDC, such as contracting communicable diseases and incurring dog bites. Owner voluntarily assumes all risk of loss, damage or injury that may be sustained by him/herself, his/her family and his/her dog(s) while in the care of DDC.
3. The owner is fully responsible for any harm that may be created by their pet while under the care of DDC. Owner agrees that DDC and its staff and volunteers will not be held liable for any problems or injuries that may occur while the dog is in the care of DDC.
4. In the event that Owner’s dog(s) is involved in an altercation or other interaction with other dogs, people or property, resulting in injury or damages, Owner agrees to communicate directly with the other human participants or owners of participant dogs or their agents, should they so request. To facilitate such communication, Owner authorizes DDC to release Owner’s name, address



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and telephone numbers to such other parties should they request such information. Owner hereby agrees to indemnify and hold harmless DDC, its agents, representatives and employees from any claims, suits, injuries, losses, damages and liability, of any nature arising (1) from any injury, death, or loss of his/her dog resulting from DDC’s actions or from the action of his/her dog or any other dog while in the custody of or on the grounds of DDC or (2) out of Owner’s dog(s) participation at DDC, including his/her dog’s injury or harm to another dog, person or property, (3) from his/her dog that result from DDC’s expulsion, removal or withdrawal from DDC, and (4) from the release of his/her owner’s name, address and telephone number under circumstances arising from an altercation or interaction resulting in injury or damages.

5. Owner agrees and understands that if his/her dog(s) becomes ill or the state of the dog’s health otherwise requires professional attention, DDC, in its sole discretion, may engage the services of a veterinarian or give other requisite attention. I, _____, do hereby certify that, my dog _____, is in good health, up to date on Rabies, Bordetella and DHLPP and has not been ill with any communicable conditions within the past thirty (30) days. I certify that, to the best of my knowledge, my dog has not been exposed to Rabies, Distemper, Hepatitis, Leptospirosis, Parainfluenza, Parvovirus and Bordetella (canine cough) within a thirty (30) day period previous to enrollment.
6. To prevent the spread of external parasites such as fleas and ticks, any pet under the care of DDC found carrying any of the above will be treated as follows. Please select preferred method by initialing below.
 - a. They will be bathed and an additional charge of \$25 or more will be added to your bill. _____
 - b. If your pet(s) has ticks and requires quarantine or a vet visit, you agree to pay the full charges involved. _____
 - c. An application of one of the following will be applied Frontline or Advantage as needed for my pet at a cost of \$30. _____
7. DDC does not accept personal items for any animal. If left we are not responsible for any lost or damaged goods.
8. Owner is aware that if their pet is not picked up within five (5) days of scheduled departure and Owner or emergency contact(s) cannot be reached then DDC deems the pet abandoned and is authorized to have proper governmental agencies take possession of the pet. Owner understands and agrees the abandonment under this paragraph means that they give up all rights to the pet. Owner agrees to make DDC aware of any and all changes to owner(s) addresses, contact information and phone number.
9. Any boarding stay longer than one (1) calendar month will require half of said charge to be paid at admission as a deposit. Owner is required to leave a valid credit card on file and keep accounts current on a weekly basis.
10. This agreement covers the current relationship between DDC and owner. Each visit to DDC, you affirm the terms of the agreement and the truthfulness and accuracy of all statements you’ve made in this agreement.
11. In the event of a dispute, regardless of Owner’s county of residence, Owner agrees that venue and personal jurisdiction to be set in the courts of Cobb County, Georgia. All such disputes shall be brought to the court of competent jurisdiction located in the County of Cobb, Georgia. Owner, by its signature herein, irrevocably waives objections to the jurisdiction of such courts and any obligations to venue. The parties furthermore, hereby waive objections to the jurisdiction of such courts and any objections to venue. The parties furthermore, hereby waive any right to a jury trial in any such proceedings. The parties further agree that the prevailing party will be entitled to the costs of litigation and reasonable attorneys’ fees, not to exceed 15% of the value of damages.

Signature

Date

Signature

Date



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AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

The undersigned Owner, (or authorized agent of the pets) named _____ hereby authorizes a licensed veterinarian, and whomever may be designated as assistants, to administer such treatments and to perform such procedures as are considered the therapeutically or diagnostically necessary for the care of my animal, including the administration of anesthesia.

If my pet becomes ill, injured, or in the event that treatment is advisable, as determined in the sole discretion of Dogma Dog Care, LLC, to preserve the good health and well-being of my dog, then Dogma Dog Care shall immediately attempt to notify me by telephone at the telephone number(s) below; however if I cannot be reached by telephone or if I fail to instruct DDC, Dogma Dog Care is authorized to engage the services of a veterinarian as well as give other attention to my dog that appears advisable for the care, treatment, and well being of my dog by signing below.

I authorize Dogma Dog Care and/or the veterinarian engaged by Dogma Dog Care to take all steps necessary or advisable, as determined in Dogma Dog Care’s sole discretion, in the care and treatment of my dog. By signing below, I understand that I am granting Dogma Dog Care and said veterinarian full authority to take all steps necessary or advisable to keep my dog alive and that I have not placed a dollar limitation on their authority. By signing below, I acknowledge my understanding the nature and extent of care and treatment of my dog will not be determined on the basis of my cost limits, but rather, on the best interest of my dog. I recognize this determination could lead to extreme cost. I understand that Dogma Dog Care will make every attempt to contact me personally, but in the event Dogma Dog Care is unable to contact me, Dogma Dog Care will continue with the course of treatment advised by the veterinarian regardless of cost.

I will reimburse Dogma Dog Care for any and all expenses incurred for the medical treatment of my dog. Payment will be made upon receipt of medical statement. This authorization shall be effective during all times that my dog is in the care of Dogma Dog Care.

Signature

Date

Phone Number

Signature

Date

Phone Number