



It's Like a Day at the Beach - Doggie Day Care

Dear Dog Owner:

Thank you for your recent inquiry about Dogs In Paradise Doggie Daycare. Dogs In Paradise is committed to providing a safe, fun and stimulating social environment for your pet during weekday business hours. At dog daycare, your pet will not be crated for long hours, but will enjoy supervised cage-free playtime with other dogs and our friendly staff.

Enclosed you will find information and the forms you need to register your dog for our services. To enroll, simply complete the enclosed forms and return them to Dogs In Paradise with proof of vaccinations. You may enroll by mail or drop off your application in person. Once we receive your enrollment form and proof of vaccinations, we will review your paperwork and call you to schedule a time when we can meet your dog.

If you have any questions, please feel free to contact us at the following phone number (301) 662-2093 or stop by Dogs In Paradise to visit our facility. We are open for daycare Monday through Friday from 7:00 AM to 7:00 PM. We look forward to seeing you and your pet.

**Terry Kehne
Owner
Dogs In Paradise**

**Dogs In Paradise
919 N. East Street #E
Frederick Maryland 21701
(P) 301-662-2093
(F) 301-662-2094**



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Admission Requirements

The purpose of Dogs In Paradise is to provide a safe, fun and stimulation social environment for dogs during weekday business hours. To ensure the safety and health of your dog and our other guests, we require all guests to comply with the following Rules and Regulations:

- 1. All dogs must be 4 MONTHS of age OR OLDER.**
- 2. All Dogs 6 months or older must be SPAYED OR NEUTERED.**
- 3. All dogs must have up-to-date VACCINATIONS. Owners must submit written proof of DHLPP and Bordetella (Kennel Cough) vaccinations. Bordetella vaccinations must be boosted each year. Rabies vaccination is required for puppies over 4 months of age. Flea control such as Frontline or Advantage must be in use.**
- 4. All dogs must be in GOOD HEALTH. Owners must certify their dog(s) are in good health and have not been ill with a communicable condition in the last 30 days. Upon admission, all dogs must be free from any condition that could potentially jeopardize other guests. Dogs that have been ill with a communicable condition in the last 30 days will require veterinarian certification of health to be admitted or re-admitted.**
- 5. All dogs are required to wear a FLAT OR PREMIER-STYLE COLLAR. Owners are encouraged to have their dogs' micro chipped or tattooed.**
- 6. All dogs must be NON-AGGRESSIVE and neither food nor toy protective. Owners must certify that their dogs have neither harmed nor shown any aggressive or threatening behavior towards any person or other dog(s).**

PLEASE REMEMBER: Your pet will be spending time with other pets and the safety and health of all animals is our main concern.

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General Information

Hours of Operation

Our Days and Hours for daycare are Monday through Friday from 7:00 AM to 7:00 PM. We ask that you give us prior notice if you will be picking your dog up after 7:00 pm. Dogs In Paradise is not an overnight facility. Staff goes off duty at 7:00 PM. There is a \$1.00 per minute charge for any dog left after 7:00 PM unless prior arrangements have been made.

Fee Schedule

FEES are based on a prepaid pass plan. Multiple-day passes are valid for 3 months from the date of purchase. Our fee schedule is as follows:

Hourly (under 4 hours)	\$ 10.00
Half Day Ticket (no more than 4 hours)	\$ 23.00
One Day Ticket	\$ 35.00
Five Day Ticket	\$160.00
Ten Day Ticket	\$315.00
Twenty Day Ticket	\$595.00

(7/29/2007)

There is a one-time, non-refundable **INTERVIEW FEE** of \$10.00 for each dog. The fee will be applied to the first day of attendance for the dog interviewed.

A **10% SENIOR CITIZEN DISCOUNT** will be applied to passes for all dogs over the age of 10 years.

RESERVATIONS

For the safety and enjoyment of your dog, attendance is limited, therefore, **RESERVATIONS** are required. Preference will be given to dogs with standing reservations. Cancellations with less than 24 hours notice will be charged full fees.

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Pet Personality Profile

Owner's Last Name: _____ Dog's Call Name: _____

Breed: _____ Coloring: _____

Distinguishing marks: _____

License #: _____ State: _____ Microchip/tattoo Number _____

Age: _____ Male _____ Female _____

Is Dog spayed/neutered? Yes _____ No _____ If yes, at what age? _____

GENERAL INFORMATION

Has your dog ever been in day care before: Yes _____ No _____

If yes where? _____

Is your dog crate trained? _____

How did you hear about Dogs In Paradise? _____

Where did you get your dog? _____

If adopted, do you have any knowledge of your dog's past history? Yes _____ No _____

If yes, please describe: _____

How many people are there in your household? Adult Male _____ Adult Female _____
Male Children _____ Female Children _____

Does your dog like children? _____

How does your dog behave around children? _____



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Are there any other animals in your household? If yes, please list:

Species/Breed	Name	Male/Female	Spayed/Neutered	Age

How does your dog get along with other housemates? _____

HEALTH / GROOMING

Is your dog taking any medications? Yes _____ No _____

If yes, please list medications: _____

Does your dog have any allergies? Yes _____ No _____

If yes, to what is he/she allergic? _____

Does your dog have hip dysplasia? Yes _____ No _____

If yes, what restrictions need to be placed on your dog's activities or movements? _____

Does your dog have any other disabling conditions? Yes _____ No _____

If yes, please explain: _____

Does your dog like to be brushed? Yes _____ No _____

Does your dog have any sensitive areas on his/her body? Yes _____ No _____

If yes, where? _____

Where are your dogs' favorite petting spots: _____



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BEHAVIOR

Does your dog act afraid of any specific items or noises? Yes _____ No _____

If yes, Please explain: _____

Has your dog ever jumped or climbed over a fence? Yes _____ No _____

If yes how high _____

Are there any kinds of people your dog automatically fears or dislikes? Yes _____ No _____

If yes, please explain: _____

Are there any kinds of dogs your dog automatically fears or dislikes? Yes _____ No _____

If yes, please explain: _____

How does your dog react to puppies? _____

Has your dog ever growled at a person Yes _____ No _____

If yes, what were the circumstances? _____

Has your dog ever bitten a person: Yes _____ No _____

If yes, what were the circumstances? _____

Has your dog ever growled or snapped at anyone who has taken his/her food or toys away from him/her? Yes _____ No _____

If yes, what were the circumstances? _____

Does your dog play with any toys? Yes _____ No _____

If yes, what kind of toys does your dog like? _____

What kind of games does your dog play with people? _____



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Does your dog play with other dogs? Yes _____ No _____

If yes, what kinds of games does your dog enjoy with other dogs? _____

Does your dog prefer male or female playmates? Male _____ Female _____ Both _____

Has your dog ever had any formal obedience training? Yes _____ No _____

If yes, when and where? _____

What commands does your dog know? _____

Does your dog have a bathroom command? Yes _____ No _____ If yes, what is it? _____

Does your dog have a quiet command? Yes _____ No _____ If yes, what is it? _____

FEEDING

How many times a day do you feed your dog? _____

At what time(s)? _____

What do you feed your dog and how much at each feeding? _____

Is your dog allowed to have treats? _____

Name any treats your dog may NOT have? _____

Does your dog have any food allergies? Yes _____ No _____

If yes, what foods is he/she allergic to? _____

Other comments about your dog that you feel might be helpful: _____



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Vaccination/Health Certification

Prior to your dog's visit, please provide appropriate documentation (either in the form of receipts or signed certificates) for the listed vaccinations and procedures. Or, please ask your veterinarian to complete this form. Thank you!

Owner's Name _____
 Veterinary office _____ Phone: () _____
 Dog's Name _____ Gender: _____ Dog's Birth date: _____

Dear Doctor:

I would like my dog to attend the Dogs In Paradise daycare facility. Please complete this form as proof my dog is up to date on all of his/her vaccinations. Thank you for your prompt attention.

Sincerely,

Signature of owner

Vaccinations	Last Given	Next Due
Rabies	_____	_____
Bordetella	_____	_____
Distemper and Parvovirus	_____	_____
Flea/Tick prevention	_____	_____
Spay/Neuter	_____	_____
Microchip/Tattoo*	Type _____	Number _____

*This is not required

Veterinarian Signature **Veterinarian Printed Name** **Date**

Other information Dogs In Paradise should know about my pet:



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Emergency Contact Information

Owner Information:

Name: _____

Address & Zip Code _____

E-Mail Address _____

Home Phone _____ Work _____ Cell _____

Pet Information:

Name _____ Breed _____ Male ___ Female ___

Birth date _____ Weight _____ Coloring _____
(or date you celebrate)

Emergency Contact:

Name _____

Phone (Home) _____ (Work) _____ (Cell) _____

Who besides yourself is authorized to pick-up your dog(s)?

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Please choose a password that only you and those authorized to pick-up your dog(s) will know. _____

Veterinarian:

Name _____

Address _____

Phone _____



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Owner Agreement

I, _____, hereby certify that my dog(s) _____ is (are) in good health, and have not been ill with any communicable condition in the last 30 days. I further certify that my dog(s) has/have neither harmed nor shown aggressive or threatening behavior toward any person or any other dog. I have read and I understand the following:

1. I understand that I am solely responsible for harm caused by my dog(s) while my dog(s) is/are attending Dogs In Paradise.
2. I further understand and agree that in admitting my dog(s) to Dogs In Paradise, the staff has relied on my representation that my dog(s) is/are in good health and has/have not harmed nor shown aggressive or threatening behavior toward any person or any other dog.
3. I further understand and agree that Dogs In Paradise is a cage free facility and my dog(s) will play in open areas with other dog(s). I accept the risks involved and agree that Dogs In Paradise and it's staff will not be liable for any problems which develop (provided reasonable care and precautions are followed) and I hereby release them of any liability of any kind whatsoever arising from my dog(s) attendance and participation at Dogs In Paradise.
4. I further understand and agree that any problems which develop with my dog(s) will be treated/handled as deemed best by the staff of Dogs In Paradise at their sole discretion and that I assume full financial responsibility for any and all expenses involved.
5. I further understand and agree that that if my dog displays aggressive behavior, that for the safety and health of my dog and others, my dog will either be confined to a separate room (with walks), for a portion of or the remainder of his/her stay with no offset or deduction in price, or be disqualified as a Dogs In Paradise customer.
6. I further understand and agree that Dogs In Paradise may video tape, audio tape, photograph or otherwise record or reproduce the image and sound of my dog(s) while at our facility, and Dogs In Paradise shall own all rights, title and interest in the Imagery. I further agree and consent that my dog(s) may be used by Dogs In Paradise to advertise, publicize or otherwise promote Dogs In Paradise.

I certify that I have read and understand the policies of Dogs In Paradise as set forth on the preceding pages and that the information I have provided is true to the best of my knowledge; and that I have read and understand the conditions and statements of this agreement including the following:

Fees: I understand that fees are based on a prepaid ticket plan. A ticket is valid for three (3) months from the date of purchase.

Days and Hours: I understand that the days and hours that Dogs In Paradise is open for daycare are Monday through Friday 7:00 AM to 7:00 PM. I also understand that Dogs In Paradise staff goes off duty at 7:00 PM and that there is a \$1.00 per minute charge for any pet left after 7:00 PM unless prior arrangements have been made.

Reservations: I understand that advance reservations are required, and that I will be charged full fees for less than 24 hours advance notice, should I decide to cancel my reservation.

Owners Signature _____

Date _____

Print Name _____



Authorization for Emergency Medical Treatment

The undersigned Owner, of the animal 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, I authorize the veterinary staff and their assistants to perform medical and surgical treatments necessary to preserve the life of the patient until I can be contacted for further authorization.

I understand that no guarantee of successful treatment is made. I accept financial responsibility for the treatment of the above named patient, and I understand that payment in full is due upon release of the patient from the veterinary hospital, or when service is otherwise terminated. I understand that I am entitled to a written estimate of charges at my request.

Veterinary service is provided during nighttime hours as necessary in the judgment of the veterinarian in charge. Continuous presence of qualified personnel may not be provided.

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 Dogs In Paradise and all staff from any and all claims arising out of such an emergency situation.

I certify that I have read and understand the terms and conditions stated in this agreement, and acknowledge that this agreement shall be effective and binding upon the parties.

Owner Signature: _____

Date: _____

Print Name: _____