



# DAYCARE/BOARDING APPLICATION FORM

## HUMAN'S INFORMATION

YOUR FULL NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

WHO IS AUTHORIZED TO PICK UP YOUR DOG FROM DAYCARE? \_\_\_\_\_

HOW DID YOU HEAR ABOUT DOWNTOWN HOUND? \_\_\_\_\_

WHAT ARE YOUR REASONS FOR BRINGING YOUR DOG TO DAYCARE? (SOCIALIZATION, EXERCISE, SEPARATION ANXIETY, ETC)

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

## DOG'S INFORMATION

NAME \_\_\_\_\_ BREED \_\_\_\_\_ SEX \_\_\_\_\_

AGE \_\_\_\_\_ WEIGHT \_\_\_\_\_

KNOWN COMMANDS \_\_\_\_\_

FEEDING SCHEDULE & AMOUNT \_\_\_\_\_

WHAT BRAND & FLAVOR OF FOOD DO YOU USE? \_\_\_\_\_

FAVORITE TOYS \_\_\_\_\_

FAVORITE PLAY ACTIVITIES\_\_\_\_\_

FAVORITE TREATS\_\_\_\_\_

MEDICINE ADMINISTRATION\_\_\_\_\_

IS THERE ANYTHING YOUR DOG SHOULD NOT HAVE?\_\_\_\_\_

ANY OTHER INFORMATION THAT WOULD BE HELPFUL

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

PLEASE CHECK IF YOUR DOG HAS HAD THE FOLLOWING VACCINATIONS: YOU MUST SHOW PROOF OF VACCINATIONS FROM YOUR VETERINARIAN.

RABIES\_\_\_ DHLPP\_\_\_ BORDATELLA(KENNEL COUGH)\_\_\_ (MANDATORY)

IS YOUR DOG SPAYED/NEUTERED?\_\_\_\_\_(MANDATORY)

IS YOUR DOG ON A FLEA CONTROL PROGRAM?\_\_\_\_\_

HAS YOUR DOG HAD ANY ILLNESSES IN THE PAST 30 DAYS?\_\_\_\_\_

PLEASE DESCRIBE\_\_\_\_\_

### VETERINARIAN INFORMATION

NAME\_\_\_\_\_

ADDRESS\_\_\_\_\_ PHONE\_\_\_\_\_

### EMERGENCY CONTACT

NAME\_\_\_\_\_ (PLEASE LIST SOMEONE OTHER THAN YOURSELF WHO IS IN TOWN, CAN MAKE DECISIONS ABOUT MEDICAL TREATMENT AND IS ABLE TO PICK UP YOUR DOG IF NECESSARY. WE ALWAYS ATTEMPT TO CONTACT YOU FIRST)

PHONE NUMBER(S)\_\_\_\_\_

**HOUNDS LOUNGE, INC. S-COPORATION  
SERVICE AGREEMENT AND GENERAL RELEASE**

This agreement dated this \_\_\_\_\_ day of \_\_\_\_\_, 2008, between Hounds Lounge, Inc. 1035 Lusk Street, Boise, ID 83706 (DBA DOWNTOWN HOUND), and \_\_\_\_\_(DOG OWNER). The parties agree as follows:

1. Scope of Services: The Hounds Lounge is operating as a doggie daycare and overnight boarding facility and dog owner desires to utilize the services of The Hounds Lounge.
2. Acknowledgement of Risks: Dog owner acknowledges that there are inherent risks in dogs being away from home. Such risks include, but are not limited to injury due to biting or fighting with other dogs at daycare. Changes in food may cause upset stomach or diarrhea. I further understand and agree that dogs can sometimes receive minor cuts and scratches at daycare and any problems that develop with my dog(s) will be treated as deemed best by the staff of Downtown Hound at their sole discretion, and I assume full financial responsibility for any and all expenses incurred. Dog owner acknowledges that the risk of harm may include injury, serious illness or death.
3. Assumption of Risk: Dog owner fully acknowledges the risk of harm to their dog or themselves and knowingly waives any claims against The Hounds Lounge and its owners, agents and employees from any liability arising from these services.
4. Financial Responsibility: In the event of a medical emergency, I authorize The Hounds Lounge to seek medical treatment by a veterinary professional for my dog/dogs on my behalf in an amount not to exceed \$\_\_\_\_\_(DOLLARS). Every attempt will be made to contact the owners and their emergency contact before authorizing treatment.

I certify that I have read and understand the policies of Hounds Lounge, Inc as set forth and that I have read and understand the conditions and statements of this agreement

Please bill my: Visa    Mastercard    American Express    Discover

Account #: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_

Security Code: \_\_\_\_ (3 digit code on back of card)

Signature

\_\_\_\_\_

TRACY SAGEHORN, OWNER  
HOUNDS LOUNGE, INC

\_\_\_\_\_

DOG OWNER