**Customer Information**

**Customer and Guest information:**

**Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MILITARY? YES / NO**

**PHONE: Cell / Home / Work:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Note?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PHONE: Cell / Home / Work:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Note?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PHONE: Cell / Home / Work:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Note?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State/Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address(2):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State/Zip\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact:(Someone Else) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Others authorized to pick-up my pet:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***(ID must be shown for guest departure by someone other than owner(s)***

**Pet #1 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Sex: M / F Spay/Neutered? YES / NO**

**Color/Markings: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age/Birth date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Wt. \_\_\_\_\_\_\_\_ Rescue? YES / NO**

**Pet #2 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Sex: M / F Spay/Neutered? YES / NO**

**Color/Markings: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age/Birth date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Wt. \_\_\_\_\_\_\_\_ Rescue? YES / NO**

**Pet #3 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Sex: M / F Spay/Neutered? YES / NO**

**Color/Markings: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age/Birth date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Wt. \_\_\_\_\_\_\_\_ Rescue? YES / NO**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**DISCOUNTS\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_CIRCLE (Only 1 Applies) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**VET/MIL/ SENIOR MULTI**

**SERVED (60+)** **PET (2+)**

**Can your pet have treats? YES NO ?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Allergies? YES NO ?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Activity Restrictions? YES NO ?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Any breed Fears? YES NO ?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Fence Jumper/Climber? YES NO If yes, how high? ?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Any sensitive areas? YES NO ?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Behavior Problems? YES NO ?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Has he/she ever snapped at anyone? YES NO ? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Socialization Experience? (i.e., Dog park) ?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Is there any additional information we should know?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Does pet have any medical conditions? If yes, please explain:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How did you hear about us?**

* **Website**
* **Phonebook**
* **Friend \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Veterinarian**
* **Facebook**
* **Yelp**
* **Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Drive By**

## Rules and Regulations

**CP.R1 Spay / Neuter Status** - All dogs 8 months of age are encouraged to be spayed or neutered.

**CP.R2 Vaccines** - All puppies must have completed at least two (2) Distemper / Parvo vaccines at least one week prior to beginning day care. All dogs over 6 months of age must have received a rabies vaccine. All dogs must be up to date on their vaccines (DHPP, Rabies, and Bordetella) at least one week prior to beginning day care/boarding.

**CP.R3 Health** - All dogs must be in good health. Owners will need to certify that their dog(s) are in good health and have not been ill with a communicable condition in the last 30 days. On admission, all dogs must be free from any condition, which could potentially jeopardize other guests. Dogs that have been ill with a communicable condition in the last 30 days will require a veterinarian certificate to be admitted or readmitted.

**CP.R4 Behavior** - All dogs must be non-aggressive and not food or toy protective.

Owners will need to certify that their dog(s) have not shown any aggressive or threatening behavior towards any person or other dogs. Please remember that your pet will be spending time with other pets and that their safety and health is our main concern. We reserve the right to correct dogs that misbehave via vocal reprimand or timeouts. Dogs may be created throughout the day for timeouts, rest, feeding, and daily cleaning.

**CP.R5 No Fleas Please-** We always recommend our clients to flea treat their four legged family members. Any dog found to have a flea problem will immediately be treated with a bath or medication at the Owner's expense.

**CP.R6 Nails**- For the safety of all our guests, nails must be kept short and blunt. Long nails can cause injury to others.

**CP.R7 Lunches-** Dogs play hard and would appreciate a snack at lunchtime, so if you wish to pack your dog a lunch, we will happily feed them.

**CP.R8 Assessment**- To ensure pack compatibility, all dogs must pass an assessment test with a Calvin’s Place staff member prior to boarding or attending day care. There will be no charge for the assessment.

**CP.R9 Accidents-** When dealing with dogs in a pack environment, accidents can occur. Please keep in mind that dogs are sometimes unpredictable. Great care will be taken to ensure the safety of every guest, but there might be the occasional nip, scratch, or broken nail.

**CP.R10 Rescheduling/ Cancellations-**Must be done 24 hours prior to your pets stay at Calvin’s Place. **A no call, no show will not be refunded.**

**CP.R11 Age/Size**- Calvin’s Place has no age or size limit.

**CP.R12 Boarding/Daycare**- Is provided 7 days a week. For the health and safety of all our guests, we reserve the right to decline your pet if it appears to be in poor health or is showing signs of a communicable disease. Calvin’s place is not responsible for the loss or damage of any items brought into the facility for use by dogs. Beds, blankets, etc. may be chewed or damaged. The staff will try to take care of all item brought in.

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Health & Temperament Certification**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby certify that my Pet,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (pet’s name)

is in good health and has not been ill with any communicable condition within the last

30days. I further certify that my pet has not harmed nor shown aggressive behavior

toward any human or other dogs.

**Owners Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Notes?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Veterinarian and Health Information**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(If vet is not local)---------------------------------------------------------------------------**

**Doctor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**-----------------------------------------------------------------------------------------------------**

**Health Care Directive**

Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pet Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Care Directive**

**(Please sign one option)**

I choose **NOT** **to limit** veterinarian care for my pet. While my pet is staying at Calvin’s Place, my veterinarian or alternative veterinarian will have the right to perform all medical or surgical treatments that he/she deems necessary to diagnose or treat my pet. Treatment should begin promptly with or without immediate contact from me or my designated surrogate and with no limit to cost of services provided. I assume full financial responsibility for these expenses.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**>>> >>> >>> >>> >>>**  \*\*\*\*\*\*\*\*\*\*\*OR\*\*\*\*\*\*\*\*\*\*\*\*\* **<<<** **<<< <<< <<< <<<**

I choose **to** **limit** veterinary care for my pet. While my pet is staying at Calvin’s Place, my

Veterinarian or alternative veterinarian will have the right to perform all medical or surgical treatments that he/she deems necessary to diagnose or treat my pet. Treatment should begin promptly with or without immediate contact from me or my designated surrogate. Treatment cost/services provided are not to exceed the total amount of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I assume full financial responsibility for these expenses.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DNR Directive**

I direct that life-prolonging measures be **WITHHELD** from my pet and that my pet be permitted to die naturally. I consent only to the administration of medication and/or performance of any medical procedures deemed necessary to alleviate pain and discomfort. This could mean that I or my designated surrogate may not be present to comfort my pet in his/her passing.

(Please make sure a DNR for has been completed and on file with your veterinarian.)

Customer Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Burial Directive (Optional)**

○ My pet’s remains should/will be completely handled by my vet and I have pre-arranged all appropriate services.

○ I authorize the release of my pet’s remains to any of my designated surrogates who will arrange all appropriate services.

○ I authorize the release of my pets remains to the following person(s):

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Daycare and Boarding Agreement**

*THIS IS A CONTRACT BETWEEN CALVIN’S PLACE AND THE PET OWNER WHOSE SIGNATURE APPEARS AT*

*THE BOTTOM OF THIS DOCUMENT (HEREINAFTER CALLED OWNER)*

*1. OWNER shall pay the rate of daycare and boarding that is in effect on the date the dog is checked into Calvin’s Place.*

*2. OWNER agrees that the dog shall not leave Calvin’s Place until all charges are paid by OWNER.*

*3. OWNER certifies to the accuracy of all information given about dog on the dog’s permanent record.*

*4. OWNER understands that Calvin’s Place has 24/7 camera surveillance.*

*5. OWNER agrees that if in case of an accident, and it is not known which dog caused the injury, each OWNER is responsible for their own expenses. (refer to Calvin’s Place rules and regulations (CP.R9)*

*6. OWNER agrees that the name and likeness of their pet may appear in print, video, or on Calvin’s Place website.*

*7. OWNER recognizes that dogs can be unpredictable and difficult to control and may need to (MUZZLED)*

*at times and therefore it is possible that OWNER’S dog may harm, or be harmed by another dog and that this is an unavoidable risk when dogs participate in doggie daycare. OWNER accepts this risk of harm to self and to the dog and shall not seek to recover any damages against Calvin’s Place, its owner or employees for any damage so suffered while owner’s dog is on Calvin’s Place premises or in the care of Calvin’s Place*

*8. OWNER also agrees to indemnify and hold harmless Calvin’s Place for any and all damages to the premises, equipment, employees, other clients and other dogs, which is caused by OWNER or OWNER’S dog. OWNER further agrees to pay all costs and expenses incurred for such damage and injury.*

*9. Calvin’s Place agrees that it will give its greatest to assure that any dog under its care is reasonably compatible with other dogs and meets its standard of an acceptable participant in its dog care program. Calvin’s Place, further agrees to exercise all due and reasonable care to prevent injury or illness to all dogs under its care.*

*10. OWNER grants permission to Calvin’s Place to act in its behalf and its dog’s best interest, in the case of injury or illness, by obtaining veterinary and other necessary care for its dog while under Calvin’s Place care. OWNER agrees to reimburse Calvin’s Place for all costs and expenses incurred for such services*

*11. If OWNER does not pick up pet(s) within 15 calendar days after the pet was due to be picked up, pet is deemed to be abandoned, at that time, Calvin’s Place has all the right to dispose of pet(s) at any means.*

*12. It is understood by all parties that this agreement is intended to be as broad as possible under Washington state law.*

*13. Should there be a dispute or litigation over this document, or any other documents signed with Calvin’s Place, the prevailing party shall be entitled to their reasonable attorney’s fees and costs. Any litigation shall take place in King County, Washington State*

***I agree and accept the daycare and boarding agreement***

***Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_***

***I have thoroughly read and selected the above Health Care Directive for my pet.***

***Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_***

**Addendum One to Daycare and Boarding Agreement**

*This addendum to the Daycare and Boarding Agreement between Calvin’s Place and its customer base is effective as of the 9th day of July, 2013.*

*This is an addendum between Calvin’s Place and the pet owner whose signature appears at the bottom of this document (hereinafter called owner).The Undersigned parties hereby agree to the following:*

15. OWNER agrees to read the Calvin’s Place Information Packet and understand its contents herein.

16. OWNER understands that risks of communicable illness are increased with young pets, elderly pets, pets with stress and all other immune deficient conditions.

17. OWNER agrees that if their pet becomes ill while in the care of Calvin’s Place, that Calvin’s Place has permission to act in its behalf and the pet’s best interest in accordance to the Health Care Directive when medical attention is required. Any furthering medical care required will be performed on the customer’s behalf.

18. OWNER is responsible for the treatment and prevention of fleas and ticks. Pets should be on a routine preventative and understands that if the fore mentioned parasites are acquired while staying at Calvin’s Place, it is not the fault of the facility.

19. OWNER understands Calvin’s Place is a free roaming facility that allows more social interaction between pets. OWNER understands that in this setting, their pets are at more risk for communicable illness.

20. OWNER certifies to the accuracy of the provided vaccination records and there pet is up to date. Further, OWNER certifies that its pet received a Bodetella vaccine and a minimum of 10 days for injected vaccine, 3 days for intranasal application has passed before bringing to Calvin’s Place.

21. OWNER accepts full responsibility for any pet that is unaltered after the age of 6 months. Although Calvin’s Place will do their best to accommodate for these pets, any actions resulting from being unaltered becomes the liability of the OWNER.

22. **OWNER understands and agrees that if their pet excessively attempts to mount other dogs, that this WILL more than likely result in some form on minor injury ranging from nicks on the ears, scruff and hind legs. Although we do our best to prevent this from happening, this behavior is stemmed from not altering your pet, altering too late or is not communicated to the pet via owner that it is an unacceptable behavior. We hold no responsibilities tied to this form of bad behavior. If you believe your pet meets this criteria, and do not agree with injuries being closely tied to this act, then please review your choices of daycare/boarding and consider a kenneled facility.**

**I have read and agree with the Addendum One to Daycare and Boarding Agreement**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_