



BOARDING/DAY CARE APPLICATION

294 S. Dawson Dr. Camarillo, CA • (805) 603-9287 • www.DogHouseCamarillo.com

How did you hear about Our Dog House? _____

Owner's Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Home Phone: _____

Cell: _____ Email Address: _____

Additional Owner's Name: _____ Cell Phone : _____

Please list a local emergency contact (non-spouse that will not be traveling with you.)

Name: _____ Relation: _____

Best number to reach them: _____

Additional persons authorized to pick up/drop off: _____

Would you like to be contacted about dog training? Yes No

May we include you on our newsletter list (includes ODH updates, new requirements) : Yes No

Are you looking for primarily Day Care or Boarding?

•VETERINARIAN•

Clinics Name: _____

Doctors Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

•DOG INFORMATION•

****NOTE:** If you have multiple dogs, please fill out a form for each dog.

Dog's Name: _____ Sex: Male Female

Spayed/Neutered Yes No – **Your dog must be spayed/neutered by the age of 7 months to participate in the daycare/boarding programs.**

Breed: _____ Color: _____

Weight: _____ Age: _____ Birthday or joined family: _____

Required Vaccinations:

DHPP/DAPP (1 or 3 year) Rabies (1 or 3 year) 6 Month Bordetella Booster

Is your dog micro chipped? Yes No If yes, Microchip Number: _____

Brand and Type of Food: _____ How much do you give? _____

In general, who is your dog most fond of? Male Female

Please describe your dog's overall temperament toward people and dogs. Are they socialized with both people and dogs regularly? _____

Has your dog ever bitten someone, another dog or been in a fight? Yes No

If yes describe: _____

Has your dog ever escaped or attempted to escape by digging / jumping or climbing fences? Yes No

If yes describe: _____

Does your dog have any other known behavioral issues (barking, separation anxiety, attachments to gender, etc)?

Is your dog toy possessive? Yes No If yes, please describe: _____

Has your dog ever received any formal training? Yes No

If yes, please describe including where, when and any special commands that they have learned:

Does your dog have any health concerns that you are aware of (including allergies and medications)? Please include if they need to be fed house foods; do they have any allergies that would be harmful for their health.

Yes No If yes, describe: _____

Does your dog have any medical restrictions on his/her activities? Yes No

If yes describe: _____

Do they have any limps or physical issues? Yes No

If yes describe: _____

Is your dog currently on any medication? Yes No Please list medications, what they are for and if it is detrimental that they receive it.

Administering Medication fee is \$5 day. If the dog tries to bite while we are trying to administer medication we will not continue to give them the medication. What do you want us to do?

Does your dog have any allergies? Skin Food Shampoo Hypoallergenic Oatmeal Scented Sprays

Describe: _____

What flea/tick preventative do you use?

Brand: _____ Type: _____ Frequency: _____

In case of an emergency and we can not contact you, and a hospital visit is required, what would be the maximum amount you'd want to spend? \$ _____

If the estimated amount is more; what would you like us to do? _____

Emergency vet costs are typically more than your regularly vet visits.



PET CARE AGREEMENT

Owner's Name: _____

Dog's Name: _____

1. I further understand that OUR DOG HOUSE, has relied upon my representation that my dog is in good health and has not injured or shown aggression or threatening behavior to any person or dog in admitting my dog for services at their facility.
2. I further understand that OUR DOG HOUSE, their owners, staff, partners, and volunteers will not be liable, financially or otherwise, for injuries to my dog, me or any property of mine while my dog is participating in services provided by OUR DOG HOUSE. I hereby release OUR DOG HOUSE, of any liability of any kind arising from my dog's participation in any and all services provided by OUR DOG HOUSE.
3. I further understand and agree that any problems with my dog, behavioral, medical or otherwise will be treated as deemed best by staff of OUR DOG HOUSE. In their sole discretion, and in what they view as in the best interest for the dog. I understand that I assume full financial responsibility and all liability for any and all expenses involved in regards to the behavior and health of my dog.
4. I further understand that there are risks and benefits associated with group socialization of dogs. I agree that the benefits outweigh the risks and that I accept the risk. I desire a socialized environment for my dog while attending services provided by OUR DOG HOUSE and while in their care. I understand that while the socialization and play is closely and carefully monitored by OUR DOG HOUSE staff to prevent injury, it is still possible that during the course of normal play my dog may receive minor nicks and scratches from roughhousing with other dogs. Any injuries to my dog will be pointed out by staff upon pick-up. If dog comes in with injuries or scratches, please let our staff know at drop off, so we can decide if they need to be separated.
5. I understand by allowing my dog to participate in services offered by OUR DOG HOUSE, I hereby agree to allow OUR DOG HOUSE to take photographs or use images of my pet in print form or otherwise for publication and/or promotion.
6. I further understand that I am solely responsible, financially or otherwise, for any harm or damage caused by my dog while my dog is attending any services provided by OUR DOG HOUSE. I agree to pay all damage fees upon pickup. I understand that by bringing my dog to a doggy daycare/boarding facility, my dog is at risk to catch Kennel Cough. Even though my dog and all participating dogs are vaccinated, my dog can still catch Kennel Cough. OUR DOG HOUSE is not liable financially for any vet treatments if they catch Kennel Cough, as this is a common dog cold.
7. I understand that if my dog is not picked up on time or by a date specified in a separate agreement. I hereby authorized OUR DOG HOUSE to take whatever action is deemed necessary for the continuing care of my dog. I will pay OUR DOG HOUSE the cost of any such continuing care upon demand by OUR DOG HOUSE. Any dogs left 10 days beyond agreed pickup date without payment will be considered abandoned.
8. Owner Agrees to pay the ODH rate for boarding.
9. Owner further agrees to pay all costs and charges for the special services requested, and all veterinary costs should anything arise for the dog during the time said dog is in the care of ODH.
10. Owner further agrees that the dog shall not leave ODH until all charges are paid to ODH by Owner.
11. The Owner further agrees to be solely responsible for any and all acts or behavior of said pet while it is in the care of OUR DOG HOUSE. Including any injuries given or sustained by another dog.
12. Owner specifically represents that he or she is the sole owner of the dog, free and clear of all liens and encumbrances.
13. Owner specifically represents to ODH that pet is current on all vaccinations.
14. Owner specifically represents to ODH that the dog has not been exposed to rabies, distemper parvo virus or other contagious diseases within a 30-day period prior to boarding.
15. All charges incurred by Owner shall be payable upon pick-up of dog, or when billed by ODH at the address listed on Contract. ODH shall have, and is hereby granted, a lien on the dog for any and all unpaid charges resulting from boarding the dog at ODH. If Owner does not pick up the dog within 10 calendar days after the day the dog was scheduled to be picked up, the dog shall be deemed to be abandoned. The person into whose custody the dog was placed for care shall first try for a period of not less than 10 days to find a new owner for the dog, and, if unable to place the dog with a new owner, shall thereafter assign dog to a private or public sale.
16. If the dog becomes ill or if the state of the dog's health otherwise requires professional attention, ODH, in its sole discretion, may engage the services of a veterinarian or administer medicine or given other requisite attention to the dog, and the expenses thereof shall be paid by Owner.
17. If the dog is not picked up before 12:00pm, Owner will be charged for a half day care day rate additional to ODH rate.
18. This contract contains the entire agreement between the parties. All terms and conditions of this Contract shall be binding on the heirs, administrator, personal representatives and assigns of Owner and ODH.
19. Any Controversy or claim arising out of 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 by arbitration in accordance with rules of the American Arbitration Association, and judgment upon the award rendered by an arbitrator may be entered in any Court having jurisdiction thereof. The Arbitrator shall, as part of this award, determine an award the prevailing party the costs of such arbitration and reasonable attorney's fees of the prevailing party.
20. This Contract shall be in force for this and all future boarding at Our Dog House.
21. I understand there will be a \$20 a day upcharge for extra care required if my dog cannot get into a group due to temperament or physical issues.
22. All package sales are final. Packages are non-refundable and non-transferable and will not be credited or refunded for any unused services or in the event the client is unable to continue using our services for any reason.

I understand that if I do not pick up my animal, OUR DOG HOUSE will proceed according to the guidelines provided by California Statute 59F, 597S Abandonment of animals by owner; procedure for handling. I also acknowledge that I will be fully responsible for all attorneys' fees and associated costs if I abandon my dog.

Print Name: _____

Signature: _____ Date: _____



MEDICAL RELEASE FORM

Owner's Name: _____

Dog's Name: _____

This is a required form for all OUR DOG HOUSE participants receiving services. First and foremost the safety and well-being of your dog is of the highest importance. Insuring that your dog remains safe and well cared for is our first responsibility and as such we take it very seriously. We do our best to have our dog parents screen for pre-existing health conditions but some factors may be beyond our control. In the event that a medical emergency arises while a dog is at our facility or participating in a service that we provide, it is imperative that we are immediately able to get them medical treatment at the closest available facility. We will call ahead to the veterinary offices in closest proximity geographically to us to insure they can handle the emergency present. Your pet will be rushed to the closest available facility for treatment and you will be notified. We notify the owner after we have secured a medical treatment center for the dog to avoid delays that may be caused by emotion on the part of the owner. Our goal is to get your dog medical attention as quickly as humanly possible, and any distractions may interfere with that process.

_____ I understand that by bringing my do to a doggy daycare/boarding facility, my dog is at risk to catch Kennel Cough. Even though my dog and all participating dogs are vaccinated, my dog can still catch Kennel Cough. OUR DOG HOUSE is not liable financially for any vet treatments if they catch Kennel Cough, as this is a common dog cold. If your dog has any Kennel Cough symptoms, including coughing, hacking, hacking up foam, you or your emergency contact need to come pick them up immediately.

It is a requirement to have our dog's parent sign this form. I understand that in the event of a medical emergency, OUR DOG HOUSE at its sole discretion deems to need the immediate attention of a licensed veterinarian. I authorize OUR DOG HOUSE to seek medical attention at the closest available veterinary facility. I further agree that I am financially responsible for any medical treatment my dog receives as a result of a medical emergency while attending services provided by OUR DOG HOUSE.

In case of emergency, veterinary clinics require your decision on the level of resuscitation that you would prefer. For this reason, please initial which level of resuscitation you authorize the veterinary clinic to perform if necessary.

_____ Do Not Resuscitate

_____ Standard cardiopulmonary resuscitation techniques (CPR)

_____ Extraordinary cardiopulmonary resuscitation techniques including open-chest cardiac massage, when indicated.

If you are using our boarding services and something should happen that may result in an urgent vet visit or possible passing of your dog, would you want to be informed at the time of occurrence? Yes No, notify me when we return from our travels.

If you would rather have an emergency contact be given the information and then give the decision, please list their full name and phone number here. _____

Emergency vet visits do come at a high cost and we want to make sure our owners are aware of this before they are asked for payment from the vet. This warning is mainly for dogs that are of senior age or have underlying issues.

Vet Limit Amount: \$ _____

Print Name: _____

Signature: _____ Date: _____



DAY BOARDING AGREEMENT

This is a contract between Our Dog House (hereinafter and "ODH") and the pet owner whose signature appears below (hereinafter called "Owner").

- Owner Agrees to pay the ODH rate for boarding.
- Owner further agrees to pay all costs and charges for the special services requested, and all veterinary costs for the dog during the time said dog is in the care of ODH.
- Owner further agrees that the dog shall not leave ODH until all charges are paid to ODH by Owner. If another person is picking up, we either need a valid credit card on file or prepayment.
- By signing this Contract and leaving this dog with ODH, Owner certifies to the accuracy of all information given about said dog and that ODH's liability shall in no event exceed the lesser of the current chattel value of a dog of the same species or the sum of \$200 per animal boarded.
- The Owner further agrees to be solely responsible for any and all acts or behavior of said pet while it is in the care of ODH.
- Owner specifically represents that he or she is the sole owner of the dog, free and clear of all liens and encumbrances.
- Owner specifically represents to ODH that pet is current on all vaccinations.
- I understand that by bringing my do to a doggy daycare/boarding facility, my dog is at risk to catch Kennel Cough. Even though my dog and all participating dogs are vaccinated, my dog can still catch Kennel Cough. OUR DOG HOUSE is not liable financially for any vet treatments if they catch Kennel Cough, as this is a common dog cold. If your dog has any Kennel Cough symptoms, including coughing, hacking, hacking up foam, you or your emergency contact need to come pick them up immediately.
- Owner specifically represents to ODH that the dog has not been exposed to rabies, distemper parvo virus or other contagious diseases within a 30-day period prior to boarding
- All charges incurred by Owner shall be payable upon pick-up of dog, or when billed by ODH at the address listed on Contract. ODH shall have, and is hereby granted, a lien on the dog for any and all unpaid charges resulting from boarding the dog at ODH. If Owner does not pick up the dog within 10 days from the scheduled pick up date, the dog shall be deemed to be abandoned. The person into whose custody the dog was placed for care shall first try for a period of not less than 10 days to find a new owner for the dog, and, if unable to place the dog with a new owner, shall thereafter assign dog to a private or public sale.
- If the pet becomes ill or if the state of the dog's health otherwise requires professional attention, ODH, in its sole discretion, may engage the services of a veterinarian or administer medicine or given other requisite attention to the dog, and the expenses thereof shall be paid by Owner. The vet will call the owner to put a credit card on file.
- Owner has until noon (12pm) on day of departure to pick-up pet without additional charges, if pet is picked up after noon a half day of daycare (\$30 fee) will be added to the bill.
- This contract contains the entire agreement between the parties. All terms and conditions of this Contract shall be binding on the heirs, administrator, personal representatives and assigns of Owner and ODH.
- Any Controversy or claim arising out of 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 by arbitration in accordance with rules of the American Arbitration Association, and judgment upon the award rendered by an arbitrator may be entered in any Court having jurisdiction thereof. The Arbitrator shall, as part of this award, determine an award the prevailing party the costs of such arbitration and reasonable attorney's fees of the prevailing party.
- This Contract shall be in force for this and all future boarding at Our Dog House.
- ODH reserves the right to refuse service to anyone. The owner will be banned from future use of our services.
- All package sales are final. Packages are non-refundable and non-transferable and will not be credited or refunded for any unused services or in the event the client is unable to continue using our services for any reason.

Vet Limit Amount: \$ _____

Pet Owner: _____

Print Name: _____

Signature: _____

Kennel Representative Signature: _____



EMERGENCY CONTACTS

We require two local emergency contacts who can pick up your dog within 1–2 hours in the event of an emergency. Please inform your designated emergency contact and have them sign below that they acknowledge this responsibility in advance.

By signing this portion of _____ (dog's first and last name) emergency contact for,
I agree to be available to pick up _____ in case of an emergency, if deemed
necessary by the Dog House Camarillo staff.

Emergency Contact #1

Name _____

Phone _____ Date _____

Signature: _____

Emergency Contact #2

Name _____

Phone _____ Date _____

Signature: _____