

Holly Ridge Manor's Pet Activity Center

Your Name _____ Dog's Name _____

Breed _____ Color _____

Sex : Female (Spayed? _____) Male (Neutered? _____) DOB ____/____/____

Address _____ City _____ ZIP _____

Phone (H) _____ (C) _____ (W) _____

Email: _____

Emergency Contacts:

1. Name _____ Phone (H) _____ (C) _____

(W) _____

2. Name _____ Phone (H) _____ (C) _____

(W) _____

***** Vet's Name _____ Phone _____ *****

***** (all dogs must be up to date on Rabies, Bordetella (kennel cough) & Distemper) *****

Health Conditions

1. Seizures _____ Yes or _____ No If yes, what medication?

2. Skin Problems _____ Yes or _____ No If yes, please describe and list medication

3. Hip Dysplasia _____ Yes or _____ No If yes, what medication?

4. Prior Injuries _____ Yes or _____ No If yes, please describe injury and medication

5. Heart Problems _____ **Yes** or _____ **No** If yes, please describe and list medication

6. Liver Problems _____ **Yes** or _____ **No** If yes, describe and list medication

7. Nervous Condition _____ **Yes** or _____ **No** If yes, describe and list medication

8. Allergies _____ **Yes** or _____ **No** If yes, describe and list medication

Please list any other medical problems (not listed) that we should be aware of:

Personality profile

1. Does your dog have separation anxiety? _____ **Yes** or _____ **No** If yes, please describe

2. Was your dog a rescue? _____ **Yes** or _____ **No** Any known abuse? _____ **Yes** or _____ **No**
If yes, please describe

3. Is your dog food or toy aggressive? _____ **Yes** or _____ **No** If yes, please describe

4. Is your dog scared of thunderstorms? _____ **Yes** or _____ **No** If yes, please list medication

5. Does your dog have issues with certain breeds of dogs? _____ **Yes** or _____ **No** If yes, describe

6. Is your dog submissive or dominant with other dogs? _____ Yes or _____ No

Submissive: rolling over or cowering

Dominant: stands tall, hair goes up on dog's back, you feel a little unsure when meeting new dogs

If yes, please describe

7. Will your dog jump or climb fences? _____ Yes or _____ No If yes, describe what kind and how high

8. Is your dog crate trained? _____ Yes or _____ No

9. Has your dog ever showed signs of being unpredictable? _____ Yes or _____ No If yes, please describe

*****IMPORTANT*****

It is very important that you answer this section truthfully for the safety of our staff.

Has your dog ever bitten anyone? _____ Yes or _____ No If yes, please explain

Was a report to animal control taken? _____ Yes or _____ No If yes, which agency?

Date report was taken ___/___/___.

You must alert management immediately if your dog bites someone

Why are you considering doggie daycare?

How many days a week would you like to enroll your dog? _____ 1 _____ 2 _____ 3 _____ 4 _____ 5

What days are you interested in? _____ Mon. _____ Tues. _____ Wed.

_____ Thurs. _____ Fri.

Please read and initial the following:

_____ While at daycare your dog will run, play, swim, dig, and rough play. All of which could result in injury.

_____ While playing with other dogs, accidents can occur.

_____ If your dog is injured, we will call you first. If we can't reach you, we will then call the emergency contact you have listed. If we can't reach anyone, we will seek medical treatment immediately.

_____ If your dog exhibits and bad behavior while in daycare, we will send a letter home. If the behavior continues and can't be resolved, we will be forced to expel him/her from daycare.

_____ If your dog is ill, or exhibits any symptoms of being sick, we will call you immediately to come pick him/her up.

_____ We will not allow dogs into daycare with medical conditions such as ear infections, diarrhea, or limping. We believe that if your dog is in pain or not feeling well, he/she needs to be at home where he/she can be more comfortable.

_____ The daycare is open from 7am to 7 pm. We have a lot of preparation work to do before 7 am and we do not open early unless prior arrangements have been made.

_____ If you are going to be late (after 7 pm) you must call and leave a message. We understand that delays are sometimes unavoidable, but please be courteous and call us. If necessary we can make arrangements to feed your dog and allow him to sleep overnight. You will be charged \$33 and it will be due the following day. To avoid charges for another day you must pick up before NOON.

_____ All payments are due the first of the month or daily. Failure to pay will result in dismissal.

_____ There is a 30 day trial period. If, after 30 days your dog has not adjusted to the daycare you will be notified.

_____ The daycare will close in extreme weather. If the Va. Beach schools are closed or delayed then we will be closed or delayed as well.

_____ I am required to fill out a monthly calendar to reserve my dogs days in daycare. I may call for a reservation the day of but will only be admitted if space is available.

_____ Unless my dog is ill or there is an emergency, I will be required to cancel my reservation or I will be charged for whatever the reservation was for 1/2 or full day.

_____ If I need to make boarding arrangements, I must call the motel at 426-6100. During certain holidays, the daycare can take overnight stays but special arrangements for this must be made well in advance.

_____ **If I want my dog to have a bath or a special spa treatment, I must make the appointment at the time of drop off, give the staff a time of pick up and pre pay for the bath or spa treatment only.**

_____ **Auto billing is available after 30 day trial. Visa and Master cards are the only credit cards we accept.**

_____ **There is a \$25 check fee if a check is returned due to insufficient funds.**

_____ **If my dog is responsible for an injury to another dog resulting from a fight, I will be notified immediately and may be responsible for medical costs.**

_____ **I will submit updated vaccine documents yearly.**

_____ **I will keep my dog on flea and tick prevention while in daycare.**

_____ **Reimbursement or credit to my account must be made by management.**

You can bring lunch in for your dog daily 😊

VET RELEASE FORM

Although the staff at Holly Ridge Manor closely monitors your pet, sometimes active play and roughhousing pose the possibility of injury. Additionally, certain illnesses and infections can be transmitted during boarding. Animals identified as being infectious will be isolated to the extent possible. Common injuries associated with boarding include, but are not limited to, bruises, lameness, abrasions, punctures, intestinal ailments (vomiting or diarrhea), coughing and skin irritations. These problems usually resolve with appropriate treatment.

If your pet develops any health problems, HRM will pursue treatment with one of the following: your veterinarian, Princess Anne Veterinary Hospital, or an emergency treatment facility. Treatment may include, but is not limited to, injections, medication, and diagnostic testing. HRM will pay for the treatment when veterinary services are rendered, but **the owner/responsible party is responsible for reimbursement at time of pick up.**

The staff at HRM will make reasonable effort to contact the owner and/or emergency contacts should medical treatment be needed.

In the event that no contact is reached, please indicate your preference of action:

_____ **Please perform whatever services the doctor deems necessary for the best care of my pet until someone can be reached.**

_____ **Do not administer any medical treatment until specific authorization is given.**

I, the undersigned, so hereby certify that I am the owner (or duly authorized agent for the owner) of the animal aforementioned and authorize the doctors and staff at Princess Anne Veterinary Hospital or any other veterinary facility full and complete authority to provide medical care to promote the good health of my pet(s).

OWNER AND/OR RESPONSIBLE PARTY

SIGNATURE _____ **DATE** _____