

PLEASE NOTE WE ARE ON A WAITLIST FOR DAYCARE AT THIS TIME AND BOARDING IS LIMITED

Requested Services <input type="checkbox"/> Daycare <input type="checkbox"/> Grooming <input type="checkbox"/> Training <input type="checkbox"/> Boarding Dates: _____		Office Use Only Entered: _____ Contacts: _____ Vaccines: _____ Scanned: _____
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Owners Information:

First Name:		Last Name:	
Spouse/Other:			
Address:		City:	ST: ZIP:
Email:			
Home Phone:		Spouse/Other Cell Phone:	
Cell Phone:		Text Message Enabled:	Yes NO
Spouse Email:			
Method of Contact:	Home	Cell	Email Text

Emergency Contact:

Name:			
Home Phone:		Cell Phone:	
Email:			

How did you hear about us?

Would you like a log in to our system?

Would you like a card on file?
(Numbers will be blacked out)

Number:	EXP:	CVC:
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Pet Information:

Name:				
Breed:		Sex:		Spayed/Neutered:
Birthdate:		Weight		
Description:				
Current Veterinarian				
Preferred ER VET				
Please note if none is listed Chewie's will choose the best suited for the Situation				

Medical History:	
What diet is your pet currently on?	Brand: Amount: Frequency: Favorite Treats:
Does your pet have any allergies? If so please explain.	
Is your pet on Heartworm and Flea and Tick preventaion? Please list type.	
Does your pet have any medical problems? If so please explain.	
Is you pet on any medications? If so plese list them and their frequency given.	
Does your pet have restrictions on Toys or Treats?	
Any other medical comments that we need to know?	

Behavior Information:	
How long have you owned your pet?	
If your pet is adopted, do you have knowledge of your pets past history?	
Do you have other animals in the household, if so please list age and breed of each.	
In general does your pet get along with other animals?	
Does your pet your have any type of aggression? i.e. food or other animals, If so please explain.	
Does your pet have any phobias? If so please explain. People? Animals? Noises? Dogs?	
How is your pet with strangers?	
Has your pet ever bitten or growled at person or another animal? If so please explain.	
How does your pet react to a person grabbing his or her toys or food? If so please explain.	
Does your pet have any areas that it does not like to be touched?	
What commands does you pet know? Does it have special command for the bathroom?	

Waiver and Release of Liability:

THIS AGREEMENT is entered into by and between Chewie's Playland, LLC (the "Daycare") and ("Owner"). Please initial each statement.

1) I, _____, hereby certify that I own the above pets listed and the information is correct to my knowledge. I have also acknowledged that I need to provide proof of vaccinations and fecal test from my veterinarian to Chewie's Playland when asked or my pet(s) may not be allowed to board or participate in doggie daycare. _____(Initial)

2) I also hereby certify that my pet(s): is/are in good health or if they currently have medical conditions they are being treated by a veterinarian and the veterinarian has cleared them for boarding or doggie daycare. I further certify that my pet(s) has/have not shown aggressive or threatening behavior towards any person or any other animals unless otherwise stated. I further certify that my pet has not bitten any person or any other animal, unless otherwise stated. _____(Initial)

3) I will continue to provide proof of updated Rabies, Distemper combo, and kennel cough vaccinations as well as yearly negative fecal results when they have expired on my pet(s). I understand that I will need update my pet(s) health history once a year and I understand that if any health related concerns arise I will notify Chewie's Playland. _____(Initial)

4) I understand that my pet(s) will be isolated and suspended from day care if he/she shows signs of illness such as coughing, sneezing, vomiting or diarrhea and will not be allowed to attend day care until they have been well for 3t 7 days depending on the case or I provide proof from a veterinarian that they can participate in boarding or day care again. _____(Initial)

5) Chewie's takes serious measures to make sure we minimize all risks of communicable diseases that I understand that by participating in boarding or daycare that my pet(s) is more at risk for upper respiratory viruses, GI viruses or interstitial parasites. I do not hold Chewie's responsible if my pet(s) becomes ill. _____(Initial)

6) I understand that my dog(s) will be isolated or suspended from day care if he/she shows any aggressive or threatening behavior towards any person or any other dog. I also understand that my dog may be suspended from doggie day care for any poor behavior that includes, aggression, destructive behavior, continual barking etc. They may resume doggie day care once this behavior is corrected. (We are also willing to help the owners with this behavior). _____(Initial)

7) I understand and agree that during normal dog play, dogs may sustain injuries and I am responsible if treatment is needed. All dog play is monitored by staff to avoid injury, but scratches, punctures, torn ligaments, and other injuries may occur despite the best supervision. _____(Initial)

8) I further understand and agree that any behavioral or physical health problems that develop with the pets while at Chewie's will be handled and treated as deemed best by the employees, staff and volunteers of Chewie's, in their sole discretion, and I expressly agree to assume full financial responsibility for any and all expenses arising or relating thereto. This includes aggressive or destructive behavior. _____(Initial)

9) I understand that Chewie's takes extra precautions by using a martingale non slip collar when walking the dogs or letting them play in the outside fenced in area. I agree to assume full liability if my dog(s) escapes and will not hold Chewie's Liable. I understand if I sign my dog up for fieldtrips that the fieldtrips are partially off leash, by signing my dog up I am stating they are off leash trained and do not hold Chewie's responsible if my pet escapes _____(Initial)

10) I understand and agree that it is my responsibility to leave an adequate supply of food and medications for my pet(s) during their stay at Chewie's. Should the food/medication supply need replacement, I authorize Chewie's to purchase replacement and will reimburse Chewie's for cost of the food and medication plus a \$25.00 replacement fee (per occurrence) plus the actual food and medication costs. Should a dog be observed to have fleas or ticks while attending daycare, a treatment will be applied and charged to the owner at a minimum rate of \$20.00.

_____ (Initial)

11) Our caring and trained staff is happy to provide care for extremely old, chronically ill or otherwise debilitated pets requires extra care, which However, special needs pets, puppies and senior pets naturally have a higher risk of injury, stress related illness, or exacerbation of any pre-existing condition. As such, by having your special needs pet, puppy or senior pet with us you are waiving any claim for injury or illness experienced by your pet while in our care and that is not directly caused by the negligence or lack of care on the part of our staff.

_____ (Initial)

12) I also understand that in case of an emergency and I am unable to be reached, If any behavioral or physical health problems that develop while my pet is at Chewie's will be handled and treated as deemed best by the Chewie's staff. We will do what is in the best interest of th pet(s) to stabilize them or medically treat with in reason. I am aware that I will be fully responsible of all charges that will be occurred. _____ (Initial)

13) I understand and agree that if my pet(s) is/are not picked up by the end of the Chewie's regular business day, then I hereby expressly authorizes Chewie's to take my pets in to after hours care and promises to pay Chewie's all costs of continuing such care. Further, I understand that if I do not pick up my dog(s) as scheduled, Chewie's will be authorized to proceed according to the local municipal code governing abandonment of animals.

_____ (Initial)

14) I understand that pre-paid packages are nonrefundable and expire 12 months from the date of purchase. Fees are due and payable at the end of each day. Payment may be made by cash, credit card or approved checked. Discounted packages are provided only if they are paid for in advance. Our program is flexible enough to accommodate reasonable special needs requests. _____ (Initial)

15) I understand that when booking a boarding that there is a cancellation fee if not canceled within Chewie's policy. I also understand that if I do not give 24 hours notice when canceling daycare a fee or pass maybe used.

_____ (Initial)

16) I agree to allow pictures of my pets to be used on social media platforms, Chewie's Website and be sent by email or text message for updates. I understand that all photos taken of by pets by Chewie's Playland are owned by Chewie's Playland.

I further understand and expressly agree that each and every of the foregoing provisions contained in Paragraphs 1-16 above shall be in force and effect and shall apply to each and every occasion in which, I leave my pet(s) in Chewie's care. This Agreement shall remain in full force and effect as between the parties until and unless otherwise cancelled or superseded by writing signed by the parties. _____ (Initial)

_____ Date _____

Owner

Chewie's Playland
472 Amherst St. / 217 West Hollis Street
Phone: 603-921-0525 Fax: 603-718-3276
info@chewiesplayland.com

 **Specialty Group Classes**

 **Behavioral Modification**

 **Obedience Training**

 **Agility/Indoor Park**



 **Doggie Daycare**

 **Dog & Cat Boarding**

 **Grooming & Self-Wash**

 **Pet Fitness/Wellness**

General Owner Information

Owner
Name(s):

Email
Address(es):

What times
work best for
booking?

Feel free to friend Monica Tidrick or Makenna Chaput on Facebook to use as a means of communication to ask questions about training practice outside of your session. You can also email training@chewiesplayland.com. Please do not use the Chewie's main line as means of communication to the trainers.

Your Dog

Name:

Birthdate:

Breed(s)
(list all if known):

Sex:

Male

Female

Spayed/Neutered?

Yes

No

If yes, how old was your dog at the time of surgery?

Are there any medical conditions that would be relevant to your dog's behavior and training? Any prescribed medication or supplements used?

Please describe your dog's exercise routine on an average day. How long is your dog exercised? What kind of exercise?

Training History

Has your dog had any obedience training? If so, what kind (group class, privates, in-home lessons, etc.)? What training school or professional trainer/behaviorist did you use?

Please check off all training tools you have used, if any:

- | | |
|--|---|
| <input type="checkbox"/> Flat Collar | <input type="checkbox"/> Martingale Collar |
| <input type="checkbox"/> Harness/Gentle Leader | <input type="checkbox"/> Muzzle |
| <input type="checkbox"/> Pinch/Prong Collar | <input type="checkbox"/> Nylon/Chain Choke Collar |
| <input type="checkbox"/> Electronic Collar | <input type="checkbox"/> Invisible Fence |
| <input type="checkbox"/> Bark Collar | <input type="checkbox"/> Crate |

Does your dog have a bite history? If so, please explain the situation. This just helps us to prepare upon your arrival to our facility.

Training Goals

I am interested in (please check off all that apply):

Please note that our group classes have specific requirements. STAR Puppy class has an age requirement as well as vaccine requirements. All other group classes as well as in-home sessions require a private evaluation lesson first for safety reasons and to set your dog up for success!

- Basic Obedience Private Lessons
- Behavioral Consult
- Canine Good Citizen Evaluation
- Behavioral Grooming/Veterinary Handling
- Advanced Obedience Group Class
- AKC STAR Puppy Group Class
- Private Agility Lessons
- Service/Therapy Dog Training
- Tricks Classes

Please describe your dog's most undesirable behavior(s) or what you want to get out of our training services. Also, please list any causes of the behavior and any corrections you have made thus far. If you need more room, feel free to write on the backside of this paper. If you have any videos of the behavior, you can also send them via Facebook Messenger or Email.

Please check off any other behaviors your dog exhibits, if any:

- | | |
|--|---|
| <input type="checkbox"/> House Soiling | <input type="checkbox"/> Excessive Barking |
| <input type="checkbox"/> Destructive Behaviors/Chewing | <input type="checkbox"/> Jumping |
| <input type="checkbox"/> Counter Surfing | <input type="checkbox"/> Mouthing/Play Biting |
| <input type="checkbox"/> Chasing Cars/Bikes/Etc. | <input type="checkbox"/> High Prey Drive |
| <input type="checkbox"/> Resource Guarding | <input type="checkbox"/> Food Aggression |
| <input type="checkbox"/> Toy Aggression | <input type="checkbox"/> Guarding Owner |
| <input type="checkbox"/> Territorial Aggression | <input type="checkbox"/> Fearful/Anxious |
| <input type="checkbox"/> Separation Anxiety | <input type="checkbox"/> Crate Anxiety |
| <input type="checkbox"/> Obsessive/Compulsive Behaviors | <input type="checkbox"/> Leash Reactivity |
| <input type="checkbox"/> Resistance to Grooming | <input type="checkbox"/> Leash Pulling |
| <input type="checkbox"/> Resistance to Handling (vet visits) | <input type="checkbox"/> Dog Aggression |
| <input type="checkbox"/> People Aggression | |

Are there any other comments you would like the training team to know?

The Unconditional Canine at Chewie's Playland Agreement and Release:

This is an agreement made on this day of _____ (date), by and between The Unconditional Canine at Chewie's Playland and _____ (owner name), referred to as "Owner". Following are terms of service for the Owner's pet _____ (pet name) as a training guest of The Unconditional Canine at Chewie's Playland.

1. By signing this and leaving your pet with Chewie's Playland, Owner certifies to the accuracy of all information provided to Chewie's Playland in writing or orally about the said Pet. Owner specifically represents that he or she is the sole owner of the Pet.
2. Owner has filled out the main Chewie's Application, provided medial history, and has signed and understands the main agreement and waiver to be a client of Chewie's. All services can be declined if medical information is not provided or updated.
3. Owner agrees to pay the agreed upon rate and that the Pet will not leave The Unconditional Canine at Chewie's Playland facility until all charges due are paid by Owner.
4. Owner acknowledges our Cancellation Policy and will be charged a fee up to the cost of the session if not cancelled within 24 hours. Upon repeated violation of this policy, the training team has the right to charge the full price of the lesson when scheduled or take away a pass if a package is purchased.
5. Owner understands that there are inherent risks with training dogs, and while not common, injuries/illness do occur. The Unconditional Canine at Chewie's Playland will exercise reasonable care for your pet.
6. Owner agrees to allow pictures and videos of their pet on social media platforms and Chewie's Playland website. Owner has the right to decline videoing or photographing of themselves during training sessions, but must notify the training team upon arrival of the session.
7. Owner understands that a successful trained dog will depend, not only on the training provided to said dog by The Unconditional Canine at Chewie's Playland, but also on the continued structure and consistency that owner must apply once the dog has returned home. That being said, The Unconditional Canine at Chewie's Playland will not be held liable if a dog bite or aggression occurs outside of training. Owner also understands that due to the risk of owner inconsistency and dealing with live animals that no 100% guarantee can be offered in regards to the end result of the training program, including a successful service dog. Having stated this, The Unconditional Canine at Chewie's Playland will do everything in their ability to create successful results with said dog and owner.

Owner Signature: _____