



Happy Tails Activity Center Daycare Registration Form

Owner's Name: _____ Pet's Name _____

In case of emergency contact: _____ Phone #: _____

If someone other than the owner(s) will be dropping off or picking up, please give their name and contact information: _____

Veterinarian Name: _____ Phone #: _____

We are **mandated** by PA law that all dogs have a current county dog license or a lifetime license in order to lodge your dog. We **must** have the number on your dog's license.

License Number: _____
(Does not apply for feline guests.)

Does your pet have any medical conditions/ allergies or special needs that we need to be aware of?
 Yes No

Medical daycare is an option if your pet needs extra attention during their visit. Ask the receptionist for more info.

Is medication needed for condition: Yes No

Would you like your pet to be fed while in daycare? Yes No

Are you providing your own food or using our house food?

_____ House _____ Own

How often and how much should we feed? AM _____ NOON _____ PM _____

Can your pet have treats while here? Yes No

Behavior History

Is your dog well socialized with other dogs? Yes No if no, please explain:

Has your pet ever bitten or growled at a person or other animal? Yes No if yes, please explain: _____

Circle things your dog exhibits:

Excessive Barking Fearful or Shyness Jumping Eating non-food items Problems being crated
Digging Tugging/pulling on leash Aggression Aggressive w/ other dogs Excitement Urination
Running Away Jumping Fences

List any other behavior issues we should know about:

Bathroom Habits: What does your dog respond to when taking them out to the bathroom? (i.e)

“Go potty” “Let’s go outside”: _____

Does your dog exhibit resource guarding of toys and/ or food?: []Yes []No

Circle the commands your dog knows: Sit Stay Leave it Come

Is your pet frightened with certain noises like fireworks and/or thunder, people, or other dogs?: _____

_____ *If required please bring your dog’s Thundershirt®.*

Is your dog social with men and women?: []Yes []No If no, please explain: _____

Has your dog ever climbed or jumped a fence?: []No []Yes if yes, please explain: _____

Does your dog go in/out of their crate easily?: []Yes []No if no, please explain: _____

Circle your dog’s energy level: Low Medium High

Disclaimer: By initialing below, you acknowledge that during playtime your pet will be playing in a supervised group with other compatible dogs. While the HTAC staff is monitoring their interactions, sometimes mishaps can occur. If needed, medical attention will be given immediately depending on the situation owners could encore additional medical expenses. Any guest unable to participate in group play due to aggression will be given alternate activities at the manager’s discretion.

Please initial: X _____

Daycare Packages and Fees

Please select a package

All our guest will receive soft bedding or dog beds (as long as they can have blankets) along with fresh water at all times for their comfort during their stay.

Doggy Daycare- Includes 1 hour of playtime in the morning and 1 hour of playtime in the afternoon. Also includes 2 walks at various times during the day and feedings if needed. Access to fresh water at all times.

Packs of 20 days at a discount _____ (please ask the receptionist for details and prices)

Full day: _____ \$35.50 / 2nd pet: _____ \$25.00 / Half Day (Under 5 hours) _____ \$17.75

Puppy (under 1 year) Senior (over 7 year)- Must choose this if under 1 year or over 7 years. Includes 1 hours of playtime in the morning and 1 hours of playtime in the afternoon. Also includes 3 walks at various times during the day and feedings if needed. Access to fresh water at all times.

Full day: _____ \$38.50 / 2nd pet: _____ \$28.00 / Half Day (Under 5 hours) _____ \$19.25

Feline Daycare- includes bedding, fresh water, feeding if needed, and 30 minutes of free time.

Full day: _____ \$17.00 / 2nd pet: _____ \$10.00 / Half Day (Under 5 hours) _____ \$9.00

Pet Health Warranty Program

_____ The Pet Health Warranty Program will be \$1.50 a day and covers any illness or injury that happens during a pets stay or up to three days after up to \$400.00 in services with us with two exceptions:

- 1) pre-existing conditions
- 2) injuries inflicted on one pet by another when clients elect pets to share a run.

This warranty program is not optional all must enroll to stay!

Canine Spa Services – ask the receptionist for details on Baths

Happy Tails Nail Trim – nails clipped to a comfortable length while in daycare **Y or N** **\$15.75**

Snack Bar –

_____ For cats – little extra tuna offered at lunch \$4.00

For Dogs

_____ Ice Cream - \$5.00

_____ Cookies - \$3.75

_____ Filtered Water - \$2.75

Daycare Rules and Regulations

Please read & check each section, by checking each section you are indicating that you have read and understand each item.

For the protection of your pet, every pet must be up to date on vaccinations **PRIOR TO DAYCARE VISITS**. If Limerick Veterinary Hospital is not your vet, written proof needs to be faxed - 610-489-0618 or emailed – records@limerickvet.com Prior to your stay in Happy Tails.

For canine daycare we require:

Please **X** that you have all vaccinations

Rabies (by law) _____

Distemper (DHPP) _____

Bordetella (required every 6 Months) _____

Canine Bivalent Influenza Vaccine _____

Fecal sample tested within the last 12 months. (*Must be negative*) _____

Current dog license or a lifetime license. _____

For feline daycare we require:

Rabies (by law) _____

FVRCP _____

Fecal (within the last 12 months) _____

***FIV/Felv (must be negative to be allowed free time)** _____

_____ I understand that even if my pet is fully vaccinated there is a chance that my pet can still contract an infectious respiratory disease such as Kennel Cough. I agree that I will not hold Limerick Veterinary Hospital responsible and should my pet contract such a disease I will be responsible for the cost of medical attention.

_____ If your dog's fecal sample is positive for a parasite, they may not have group playtime until the veterinarian allows it.

_____ If a fecal sample is being tested during your pet's stay and the results come up positive for parasites, medication will be prescribed and administered at the owner's expense.

_____ Baths will be given at the owner's expense if your dog becomes dirty during his/her stay with us.

_____ Medication may not be hidden in your pet's food. Our staff needs to be aware of all medications our guests are taking, and we want to ensure each pet is taking their medication. If medication is found in your food you will be charged a \$25.00 dispensing fee.

_____ If your pet arrives with fleas and/or ticks he/she will be bathed and treated with a flea and tick product at the owner's expense. All means to contact you will be conducted to pick up your pet.

_____ An extra charge will be applied for special handling due to temperament or special needs due to medical problems. This is determined by management, and may also result in your pet not being able to return to daycare.

_____ If any medical condition develops during your pet's visit with us, our medical staff will attend to it, depending on the issue this may result in additional charges to your bill. All means to contact you in this situation will be conducted.

_____ We do not allow beds, blankets or toys to be brought from home. (they will be provided with them here) Leashes, collars and food may remain during daycare.

_____ Prices may change without prior notice.

By signing below, I acknowledge that I understand EACH of these rules and regulations of Happy Tails.

Authorized Signature: _____ Date: _____

We thank you and look forward to your loved ones having a great time while they stay with us.
Any questions, please call 610-489-2848.