

# Zucco's Dog House Daycare & Boarding Application

## OWNER INFORMATION:

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

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Secondary: \_\_\_\_\_

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

## EMERGENCY CONTACT:

Name: \_\_\_\_\_ Number: \_\_\_\_\_

List of people authorized to pick up your dog(s): \_\_\_\_\_

\_\_\_\_\_

## DOG INFORMATION:

Name: \_\_\_\_\_ Female \_\_\_\_ Male \_\_\_\_

Age: \_\_\_\_\_ Birth date: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Microchip#: \_\_\_\_\_ Company: \_\_\_\_\_

Veterinarian & Clinic: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Spayed/Neutered: Yes No

Current Monthly Flea Program: \_\_\_\_\_

Current Monthly HeartGuard: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical Conditions/History: \_\_\_\_\_

\_\_\_\_\_

Medications & Times Taken: \_\_\_\_\_

\_\_\_\_\_

Special Instructions and/or restrictions: \_\_\_\_\_

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**BACKGROUND INFORMATION:**

How long have you had your dog? \_\_\_\_\_

Do you have any other pets? \_\_\_\_\_

Has your dog ever been to daycare before: Yes No If yes when

and where: \_\_\_\_\_

**FEEDING:**

What do you feed your dog and when: \_\_\_\_\_

Can any additives be added to encourage eating? (wet food, peanut butter, plain yogurt etc..) \_\_\_\_\_

Can your dog have treats? Yes No

Dietary Restriction: \_\_\_\_\_

**BEHAVIOR:**

In general, is your dog: mellow hyper somewhere in between

Has your dog ever been in a fight? Yes No

If yes please explain: \_\_\_\_\_

Has your dog ever bitten, snapped, or growled at a person or another dog? Yes No

If yes please explain \_\_\_\_\_

Is there anything your dog is afraid of? \_\_\_\_\_

Are there any types of dogs that your dog fears? \_\_\_\_\_

Does your dog react to having his/her toys/food taken away? Yes No

If yes please explain: \_\_\_\_\_

Does your dog share well with other dogs? Yes No

Does your dog have issues with:

Digging \_\_\_\_\_ Barking \_\_\_\_\_ Potty training \_\_\_\_\_

Jumping fences \_\_\_\_\_ Eating stool \_\_\_\_\_ Shy \_\_\_\_\_

or any other behavior issues: \_\_\_\_\_

How does your dog interact with other dogs/children: \_\_\_\_\_

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How does your dog react to visitors in your home? \_\_\_\_\_

Are there any types of people your dog fears? (gender, behavior, clothing, hat etc): \_\_\_\_\_

Does your dog go off leash on walks or in the park? Yes No

Has your dog had training either professional or by you? (If YES please explain:

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What are his/her basic commands: \_\_\_\_\_

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Anything else you think we should know? \_\_\_\_\_

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How did you hear about us? \_\_\_\_\_

# Zucco's Dog House Guidelines and Policies

Reservations are required with availability based on a first come, first serve basis. You may make several days reservations at one time to guarantee space is available.

**CANCELLATION:** We accept cancellations up to 24 hours in advance. If we are not informed of your cancellation before noon the day before, it will be considered a no show and you will be charged.

**LATE POLICY:** We close at 6pm. If you are late picking up your dog, and we are not notified, your dog will spend the night and a fee of \$25.00 will be charged. If you know in advance that you will be past 6pm, please call us so we can make the appropriate arrangements. If you are a repeat offender (more than 3 times) you will be charged \$1.00 per minute past 6pm.

**FOOD/MEDICATION GUIDELINES:** We will feed your dog and/or administer simple medications for you. Please label the food or medicine with your dog's name and directions.

**SICK DOG POLICY:** We reserve the right to refuse a dog if he is flea infested or sick. If your dog becomes sick while in our care, we will isolate him or her, until we contact you to pick them up. If you can not pick them up, they will be treated at your expense and will be isolated from other dogs until you can.

**COLLAR GUIDELINE:** All dogs must wear a quick release collar. Metal collars of any kind are not acceptable. We encourage nametags on the collar as well. The collar will be removed during daycare to prevent injury.

**LEASH GUIDELINE:** We follow the leash laws of Maine. Every dog arriving or leaving our doggie daycare must have a leash.

**NAIL TRIMMING:** We have the right to trim your dogs nails if they are too long or sharp and in danger of harming another dog or care attendant. You will be charged a nail trim fee. ALL dogs are also covered under the "Grooming Contract" A copy can be provided if requested.

Dog's Name: \_\_\_\_\_

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

# Zucco's Dog House Health and Temperment Agreement

I agree and understand that in admitting my dog to Zuccos' Dog House that my dog is in good health, is current on all vaccinations and flea control, and has not harmed or shown aggression or threatening behavior towards another dog and/or human.

I understand that in any cageless dog environment that there is an inherent risk of injury or illness from rough play and/or fights. Understanding this, I accept full responsibility and hold Zucco's Dog House, harmless for any pet injury, death or damage.

I agree that I am solely responsible for any harm caused by my dog while my dog is in the care of Zucco's Dog House.

I agree not to hold Zucco's Dog House and their associates liable for any injuries to my dog while in the care of Zucco's Dog House.

I understand that if my dog shows repeated aggressive or menacing behavior that the dog will be removed to seclusion. If the behavior continues your dog may be asked to leave Zucco's Dog House.

By signing this form, you acknowledge that you understand and accept the terms and conditions set forth by this agreement.

Dog's Name and Breed: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_

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

# Zucco's Dog House Emergency Medical Treatment Authorization

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Zucco's Dog House will make every effort to contact you in any emergency situation with your dog before we transfer to a licensed veterinarian. This authorization gives associates of Zucco's Dog House to act on my behalf in the event my dog needs medical attention.

I, the owner, authorize a licensed veterinarian and their assistants, to administer treatment and perform procedures as are considered therapeutically and diagnostically necessary for the care of my dog, including administration of anesthesia. In the event that emergency treatment is required, I authorize the veterinary staff and their assistants to perform medical and surgical treatments necessary to preserve the life of my dog until I can be contacted for further approval.

I accept full responsibility for any and all financial responsibility for the treatment that my dog receives from the licensed veterinarian and their staff.

I hereby release Zucco's Dog House from any and all claims from any emergency situation.

Dog's Name and Breed: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_

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

Cell Phone Number(s): \_\_\_\_\_

# Zucco's Dog House Consent to Treat Anxiety

## **Zucco's Consent to Treat Anxiety in your pet:**

Zucco's has the ability to administer Composure™ to your dog if we feel your dog is experiencing anxiety and/or stress. Zucco's uses a soft chew that is a natural supplement and is NOT a Drug. Composure™ will ONLY be used in extreme circumstances.

Composure™ supports calmer behavior, relaxation, and stress reduction using safe, science-backed ingredients. These calming chews are not a sedative and won't dull your dogs shine.

Composure™ is clinically proven to work! Studies showed that the anxiety-reducing properties of Composure™ calming chews helped dogs to exhibit calmer, more relaxed behavior and reduced fearful activity after just a single dose.

Ingredients: Colostrum Calming complex with colostrum proteins, Thiamine (Vit B1) and L-Theanine (amino acid).

Consent to allow Zucco's to administer Composure™ to your dog:

- YES
- NO

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