

Holly Ridge Manor's Pet Activity Center

Owners Name _____ 2nd Owners Name _____

Dog's Name _____ Breed _____ Color _____

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

Dog's Name _____ Breed _____ Color _____

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

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

Address _____ City _____ ZIP _____

Email: _____

Emergency Contacts:

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

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

** Vet Clinic _____ Location _____ **

Health Conditions

1. Seizures Yes or No

2. Skin Problems Yes or No

3. Hip Dysplasia Yes or No

4. Prior Injuries Yes or No

5. Heart Problems Yes or No

6. Nervous Condition Yes or No

7. Allergies Yes or No

If yes to any of the above questions, please explain:

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
- 2. Is your dog a rescue? Yes or No
- 3. Any known abuse? Yes or No
- 4. Is your dog food or toy aggressive? Yes or No
- 5. Is your dog scared of thunderstorms? Yes or No
- 6. Does your dog have issues with certain breeds of dogs? Yes or No
- 7. 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

- 8. Will your dog jump or climb fences? Yes or No
- 9. Is your dog crate trained? Yes or No
- 10. Has your dog ever showed signs of being unpredictable? Yes or No

If yes to any of the above questions, please explain:

*******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

You must alert management immediately if your dog bites someone

Why are you considering doggie daycare? _____

What days are you interested in? Mon. Tues. Wed. Thurs. Fri.

Please read and initial the following:

- _____ I understand that my dog must be spayed/neutered after they reach the age of 6 mos.
- _____ While at daycare my dog will run, play, swim, dig, and rough play. All of which could result in injury. Understanding the risks involved, I will allow my dog to socialize and not hold Holly Ridge Manor Canine Country Club liable.
- _____ 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, you will then be informed when you pick up
- _____ If your dog exhibits 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, has stitches, coughing or is 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 7:00 am to 7 pm. However, you can drop off as early as 6:30 but there will be a \$5 charge for any early drop offs.
- _____ You will be charged an additional \$5 late fee for all dogs picked up between 7:00 pm and 7:15 pm. If you pick up your dog between 7:15 pm and 7:30 pm you will be charged an additional \$10 late fee. After 7:30 pm you will not be allowed to pick up your dog. Your dog will be taken to the motel to sleep overnight. You will be charged \$35 and it will be due the following day. To avoid charges for another day you must pick up before NOON.
- _____ All payments are due at the time services are rendered. 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. Please call our office at 757-721-7829 or check Facebook for all closings or delays.
- _____ Reservations are preferred but not required. Please call ahead to make sure we have availability. Walk- ins are welcome but will only be admitted if space is available.

___ 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.

___ Auto billing is available. 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 injured, I, the owner, will be responsible for all medical cost.

___ I will submit updated vaccine documents yearly on your dog's Rabies, Bordetella, Distemper, and Fecal

___ 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, Healing with Heart Veterinary Care, 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.

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** _____