

From the Heart



POGGIE Day care

8574 Laureldale Drive • Laurel, MD 20724

301-725-DOGS (725-3647)

Or Toll Free: 877-401-DOGS (401-3647)

Doggie Daycare Application Form

Client Information

Your Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell _____

Email Address _____

If we can't get in touch with you, who can we call?

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell _____

Veterinarian

Name _____

Phone _____

Address _____

City _____ State _____ Zip _____

Pet Information

Name _____ M / F

Spayed/Neutered Y / N

Age _____ Birthday _____

Breed _____ Color _____ Weight _____

Microchip Y / N # _____

Feeding Schedule _____

Brand and Type of Food _____

Is your dog allowed to have treats? _____ What type? _____

How long have you had your dog? _____

If not since puppy-hood, what is his or her history?

Are there any other animals in the household? _____

Please describe your dog's overall temperament. _____

How does your dog react to other dogs (generally)? _____

Has your dog ever played at a dog park? Y / N

If yes, how did he or she interact with other dogs? _____

Does your dog have any kinds of people he/she fears or dislikes? Y / N

If yes, describe. _____

Does your dog have any kinds of dogs he/she fears or dislikes? Y / N

If yes, describe. _____

Has your dog ever bitten someone? Y / N

Has your dog ever bitten another dog? Y / N

Is your dog an escape artist ☺ Y / N

Is there anything that frightens your dog? Y / N

If yes, how do you calm him/her when they are frightened? _____

Is your dog toy possessive? Y / N

Has your dog shared toys/food/water with other dogs before? Y / N

Does your dog have any health concerns that you are aware of? Y / N

If yes, explain. _____

Is your dog currently on any medication? Y / N

If yes, please describe. _____

Does your dog have any allergies? Y / N

Is your dog on flea/tick preventative? Y / N

Brand _____ Frequency _____

Is there anything else that you believe we should know about your dog?

How did you hear about **From the Heart**?

As owner of the above said pet(s), I hereby give consent for emergency medical care as prescribed by a duly licensed veterinarian. This care may be given under whatever conditions are necessary to preserve life, limb, or well-being of my pet.

Signature _____

Date _____

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Daycare and Boarding Requirements

Please read the items below and sign, indicating that you understand these requirements.

- All dogs must be at least 16 weeks old to stay and play at From the Heart.
- All dogs must be on a leash when entering or leaving the building.
- All dogs must be current in all required vaccinations (rabies, DHLPP, bordetella) and copies of these records should be provided at the evaluation meeting.
- All dogs must be on flea and tick preventative and must be flea and tick free.
- All dogs must wear a flat collar with identification tags attached.
- We reserve the right to discharge your dog if it is necessary to protect the other dogs or staff members.
- We recommend that you bring your own food in during your dog's stay to prevent stomach upsets.
- I understand by allowing my dog to participate in services offered by From the Heart Doggie Daycare LLC I hereby agree to allow From the Heart Doggie Daycare to take photographs or use images of my pet in print form or otherwise for publication and/or promotion.
- Reservations are recommended for daycare.
- Reservations are required for boarding as is a \$55 non-refundable deposit. If you need to cancel your reservation, please give us 48 hours notice.
- If any veterinary services are needed during your dog's stay, you will be 100% responsible for the costs and fees associated with them.
- We prefer that all dogs for daycare be checked in by 10:30 am.
- Boarding dogs can be dropped off any time during our normal work hours the day of their stay and must be picked up by noon on the day of pickup. If picked up after noon, a daycare charge will be incurred.
- All dogs over the age of 7 months must be spayed or neutered.

Signature _____

Date _____

From the Heart Attendant _____

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Client Agreement

Please read the items below and sign, indicating that you understand these requirements.

- I understand that I am responsible for any and all services rendered at From the Heart Doggie Daycare, LLC.
- If collection proceedings are necessary, I will be responsible for any and all attorney fees incurred.
- A handling fee of \$30 will be applied on any returned checks.
- I will not hold From the Heart Doggie Daycare, LLC responsible for any damage or loss incurred by participating in said doggie daycare program.
- It is my responsibility to make sure that my dog is properly vaccinated. I also understand that even though all dogs are properly vaccinated in the facility, a medical situation could arise due to the communal group of dogs. I will be responsible for any and all medical costs.
- I understand that even though all pets are closely monitored, there is a risk involved, including scrapes and cuts, which are commonplace due to the nature of dog play. More serious injuries cannot be predicted. I give permission for From the Heart Doggie Daycare, LLC employees or a veterinarian to administer treatment to my dog. I understand that an employee from From the Heart Doggie Daycare, LLC will do his or her best to contact me first before treatment.
- I understand the center's hours of operation and understand that additional fees (\$1.00/minute) are applied for late pickups. *Hours are Monday - Friday 7:00-6:30, Saturday 10:00-5:00, Sunday by appointment for boarding.*

Signature _____

Date _____

Manager _____



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Sleepover Reservation Form

Date _____

Dog's Name _____

Owner's Name _____

Phone Number _____

Date of Check-In _____ Drop-Off Time _____

Date of Checkout _____ Pickup Time _____

Bath? _____ *Bath required at discounted rate if staying four or more days*

Eating Schedule A.M. _____ P.M. _____

Medications _____

Emergency Contact Name _____

Emergency Contact Number _____

Vet's Name _____ Vet's Number _____

Items checked in _____

From the Heart Attendant _____