



**DAYCARE AND BOARDING REGISTRATION FORM**

**Owner Info**

Date \_\_\_\_\_

Owner Name \_\_\_\_\_ Phone \_\_\_\_\_

Owner Name \_\_\_\_\_ Phone \_\_\_\_\_

**Full Address** \_\_\_\_\_

e-mail \_\_\_\_\_ May we add you to our e-newsletter list? Y or N

**Dog(s) Info**

1- Dog's Name \_\_\_\_\_ Age/DOB \_\_\_\_\_ Weight \_\_\_\_\_

Breed, color, description \_\_\_\_\_

Female \_\_\_\_\_ Spayed? \_\_\_\_\_

Male \_\_\_\_\_ Neutered? \_\_\_\_\_ Males must be neutered if over 7 mo.

2- Dog's Name \_\_\_\_\_ Age /DOB \_\_\_\_\_ Weight \_\_\_\_\_

Breed, color, description \_\_\_\_\_

Female \_\_\_\_\_ Spayed? \_\_\_\_\_

Male \_\_\_\_\_ Neutered? \_\_\_\_\_ **Males must be neutered if over 7 mo.**

*(All doggies must be at least 4 months old to attend daycare/boarding)*

**Will your dog be:** Boarding \_\_\_\_\_ Daycare \_\_\_\_\_ Both \_\_\_\_\_

**Behavior**

**Has your dog ever growled or bitten someone who takes their food away?** \_\_\_\_\_

Does your dog share toys with other dogs? \_\_\_\_\_

**Has your dog ever bitten another dog and broken the skin?** \_\_\_\_\_

How does your dog walk on a leash? (walks well, pulls, lunges at other dogs or people) \_\_\_\_\_

What experience does your dog have with other dogs in a group setting? Dog runs, other day care etc.  
\_\_\_\_\_

Has your dog **ever** exhibited **any kind of aggression** towards people or dogs? Please Describe:  
\_\_\_\_\_

*Our philosophy is that aggression can sometimes be a result of lack of stimulation and exercise for urban dogs.*

**Has your dog ever snapped or threatened to bite another dog or person?** Y N

Describe your dog's favorite thing(s): (scratch under the ribs? bouncy rubber ball?, etc.)  
\_\_\_\_\_

Describe your dog's *dislikes* if any: (For example: is there any place you dog does not like to be touched or any human movement that triggers a specific response?) \_\_\_\_\_

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

**Authorized Persons/ Emergency Contact (optional):**

*Please list additional person authorized to pick up your pet or whom we can contact in an emergency.*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Vet Information:**

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

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

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

For everyone's safety, your dog **must be** currently vaccinated against **Rabies, Distemper & Parvovirus (DHPP or DAPP)**, and **Bordetella (Bordetella has to have been administered within the last 6 months)**. Consult with your vet as some vets only administer once a year. We also require a recent Giardia stool test showing clean results. Please ask your DVM to email your dog's vaccination records prior to the temperament test: [info@FidosRetreat.com](mailto:info@FidosRetreat.com)

Canine Influenza (H3N8) vaccination is recommended (not required but highly recommended), please discuss with your vet.

**Flea & Tick Control:**

*We require your dog to be on some form of flea and tick preventative (i.e. Frontline, Advantix, etc.) from March- November (warm weather months). We do not accept dogs wearing flea collars.*

**Is your dog on flea and tick preventative? Y or N**

**We do not allow metal choke or prong collars into the play area.**

Does your pooch have a pre-existing or current medical conditions or physical injuries? Y or N

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

**Does your dog take regular medication? Y or N**

Please provide us with any special instructions or pertinent info regarding medication:

Does your dog have any medical conditions that we should be aware of?

\_\_\_\_\_

We like to reinforce good behavior and may reward your dog with healthy snacks throughout the day. Is this ok? Y or N

Is your buddy allergic to any foods or treats or have any dietary restrictions? Y or N

If yes, what? \_\_\_\_\_

**Overnight Guests:**

*Overnight guests receive two meals per day (morning and evening) unless otherwise specified. We recommend bringing your dog's normal food (it is better for their digestion) or your dog may be fed our premium house meal for an additional cost of \$5.00 per meal for small dogs and \$10 per meal for large dogs.*

Feeding instructions: \_\_\_\_\_

**Collar & Leash Identification:** We will supply one Fido's Retreat leash ID tag at no cost. Replacement ID tags will be provided at a cost of \$5 per tag. This applies to leashes brought in without ID tags or not attached properly. This is for everyone's convenience in keeping track of leashes and for quicker check out. We reserve the right to refuse service to customers who do not abide by this or who repeatedly bring dogs in without our ID tags.

**Fido's Retreat Information and Policies**  
**Fido's Retreat Release Form**

**I hereby certify that my dog is in good health and has not been ill with any communicable condition in the last 14 days. I further certify that my dog has not harmed or shown aggressive or threatening behavior towards any person or any other dog at any time. I have read and understand the following:**

**-I have been 100% truthful in all of my responses on this application and will be held fully liable for any errors or omissions.**

-I represent that each time I bring my dog to Fido's Retreat, I am re-certifying that my dog is in good health and has not had any communicable illness of any kind for two weeks prior to such attendance.

-I understand that I am solely responsible for any harm to another dog, person, or employee caused by my dog while my dog is attending Fido's Retreat.

-I understand that Fido's Retreat (and hereinafter referred to as Fido's) reserves the right to refuse any services or the use of its facility for dogs who, in its sole determination, are unhealthy, act aggressively, are unruly, or who may otherwise be a threat or danger to themselves, humans, and/or other dogs.

-I understand that to use Fido's facilities, my dog must be spayed or neutered if older than 7 months.

-Proof of current vaccinations must be on file for Rabies, Distemper, Parvovirus and Bordetella. I understand that NYC Law requires dogs that visit daycare facilities to have Bordetella administered within the past 6 months.

-My dog is in good health and has not been ill with a communicable illness in the last 14 days. My dog is free from any condition that could potentially jeopardize other guests.

-I acknowledge that dogs are encouraged to socialize and exercise at Fido's and that injuries may reasonably be foreseen to occur while my dog is visiting Fido's.

-I acknowledge that I take responsibility for, and will not hold Fido's liable for, any injury illness or ailment which my dog may incur while in the presence of other dogs at the facility or otherwise.

-I assume all expense and/or liability for injuries that my dog may inflict upon any human or other pet while in the care of Fido's. I shall not hold Fido's responsible monetarily or otherwise, for injuries to my pet that arise during the course of play, training, grooming, any Fido's services, or anytime during my pet's visit to Fido's.

-I shall hold Fido's and its employees harmless from, make no claim against and indemnify Fido's and its employees against any costs, damages, claims, or expenses (including vet fees, long-term care, or rehabilitation services) that may result from an injury or illness to my dog, or to another dog, if caused by my dog. I understand if presented with medical bills I am responsible for paying.

-I am responsible for initial vet visit costs and additional follow-up costs associated with the particular injury.

-If injuries occur between dogs from a mutual fight with no obvious aggressor or deemed- no fault from rough play, and require medical attention, the sum of all medical bills will be split equally between owners.

-If my dog becomes ill or if the state of my dog's health otherwise requires professional attention, Fido's, in its sole discretion may engage the services of a veterinarian, administer medicine, and/or give requisite attention to my dog.

-I understand that Fido's will contact me first and then my emergency contacts if a critical medical situation arises. However, if Fido's is unable to make immediate contact I give my consent to Fido's to act on my behalf in obtaining emergency or any other care at my own expense if deemed necessary by Fido's or its staff.

-I specifically represent that I am sole owner of my dog, free and clear of all liens and encumbrances.

-If I leave my dog in Fido's care without payment for 14 days or more, I understand my dog shall be considered abandoned and I transfer ownership of my dog and all rights to Fido's.

-Due to safety and staffing purposes, Fido's reserves the right to charge a late fee for pick-ups after 15 minutes from closing hours or designated pick-up time.

-This contract contains the entire agreement between the parties. All terms and conditions of this contract shall be binding on my spouses, heirs, administrators, personal representatives, and assignees of myself and Fido's.

-Any controversy or claim arising out of or relating to this contract, or breach thereof, or as a result of any claim or controversy involving the alleged negligence by any party to this contract, shall be settled by arbitration in accordance with the rules of the American Arbitration Court having jurisdiction thereof. The arbitrator shall, as a part of his/her award, determine an award to the prevailing party of the costs of such arbitration and reasonable attorney's fees of the prevailing party.

-Fido's reserves the right to change pricing, business policies and reservation policies at any time.

-By signing this contract and leaving my dog with Fido's, I certify the accuracy of all the information I have provided to Fido's relating to my dog.

-I agree to pay for all services rendered at Fido's in advance of the day of my pet's arrival. If payment is not received in advance, I understand that my pet will not leave the facility until payment is made.

-Notice of Boarding cancellation must be given prior to 7 days (14 for Holidays) before scheduled day of service.

**Full Deposit Required When Reservation Made. I will be subject to cancellation fees equal to the entire value of the reservation.**

-I understand that no refunds will be issued. All sales are final.

-I grant Fido's permission to use any pictures taken of my dog(s) for business-related activities. I understand that this use may include advertising and marketing campaigns, website images, and other uses for promoting the services of Fido'.

**I certify that I have read and understand the policies of Fido's Retreat as set forth on the preceding pages and that I have read and understand the conditions, and statements of this agreement.**

I warrant that I am at least eighteen (18) years of age and that I have the full, complete and unrestricted right and authority to enter into this release.

**By signing below, I acknowledge that I have read and accept the terms and conditions stated above.**

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

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

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

**Office Use Only**

Authorized by: \_\_\_\_\_

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

We require valid credit card information to be held on file.

**AUTHORIZATION AGREEMENT:**

I authorize Fido's Retreat to maintain my credit card information on file and charge purchases and services either at the time a reservation is made, a package is purchased or of commencement for service(s) rendered to my dog by Fido's Retreat at the prices in effect at the time of services rendered. I also authorize Fido's Retreat to use my credit card to charge me any late fees or additional fees resulting from my dog's stay with Fido's Retreat at the conclusion of rendered services, additional foods or necessary supplements, damage to the facility or equipment caused by my dog, emergency medical care fees and costs related to injuries to other pets or people by my dog. Final charges will be an amount sufficient to pay for all services rendered. Fido's Retreat may decline to provide services if a pre-charge or charge is declined for any reason. I will be responsible for any declination charge or late charge assessments or charges assessed by the paying institution against Fido's Retreat for a dishonored transaction. Fido's Retreat shall have, and is hereby granted, a lien on my dog for any and all unpaid charges resulting from any of the services provided by Fido's Retreat. I agree to be responsible for any declined charges for services rendered by Fido's Retreat. In the event my card cannot process payment due to a limitation placed on individual transactions, Fido's Retreat may divide the total charge into portions in order to process the charge. **Notice of Boarding cancellation must be given prior to 7 days (14 for Holidays) before scheduled day of service. Full Deposit Required When Reservation Made.** I will be subject to cancellation fees equal to the entire value of the reservation. I understand that no refunds will be issued. All sales are final.

**By signing below, I acknowledge that I have read and agree to the terms outlined above in the Authorization Agreement.**

Card Type:  Visa  Mastercard  Discover  American Express

Name on Credit Card: \_\_\_\_\_

**Full Billing Address:** \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CCV: \_\_\_\_\_

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