

DATE: _____



R FURRY FRIENDS

Doggie Daycare Center
325 South 5th Street, Emmaus, PA 18049
Phone: 610-965-3059 Fax: 610-965-3038
www.rfurryfriends.com

APPLICATION

Application Fee: \$25.00

OWNER INFORMATION

YOUR NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME #: _____ WORK#: _____

CELL #/PAGER #: _____ FAX #: _____

EMAIL ADDRESS: _____

WHERE DID YOU HEAR ABOUT US: _____

EMERGENCY CONTACT

NAME: _____

HOME #: _____ WORK #: _____ OTHER #'s: _____

PET INFORMATION

DOG'S NAME: _____

BREED: _____ COLOR: _____

SEX: _____ WEIGHT: _____ AGE: _____ BIRTHDAY: _____

SPAY/NEUTERED: YES ___ NO ___ DATE: _____ (month- year)

TATTO or MICROCHIP: YES ___ NO ___ MICROCHIP/TATTO #: _____

MICROCHIP MANUFACTURER: _____

DATE: _____

VETERINARIAN

NAME: _____

ADDRESS: _____

PHONE #: _____

HEALTH INFORMATION:

VACCINATIONS/DATES:

___ RABIES _____
(required)

___ DISTEMPER _____
(required)

___ PARVO _____
(required)

___ BORDETELLA _____
(required) (optional)

___ HEPATITIS _____
(optional)

___ CORONAVIRUS _____
(optional)

___ LYMES _____
(optional)

___ LEPTOSPIROSIS _____

HEARTWORM MEDICATION:

FLEA/TICK TREATMENTS:

ANY KNOWN HEALTH PROBLEMS: (past or present)? (Allergies, hip dysplasia, heart problems, arthritis, etc.)

DATE: _____

ABOUT YOUR DOG'S PERSONALITY (use Separate sheets as needed)

(Please answer honestly, misrepresented information about your dog may result in being expelled from R Furry Friends but we will work with you on any concerns you may have.

IS YOUR DOG CRATE TRAINED? Yes _____ No _____ Explain _____

DOES YOUR DOG GENERALLY GET ALONG WITH OTHER DOGS, INCLUDING THOSE HE DOES NOT LIVE WITH, EXPLAIN?

HAS YOUR DOG EVER BEEN IN A SCUFFLE/FIGHT WITH ANOTHER DOG? WHAT WAS THE EXTENT OF THE INJURIES, IF ANY? (Describe the Circumstances)

DOES YOUR DOG GENERALLY SHARE HIS TOYS WITH OTHER DOGS, INCLUDING THOSE HE DOES NOT LIVE WITH?

DATE: _____

IS YOUR DOG COMFORTABLE WITH OTHER DOGS NEAR HIS FOOD, INCLUDING THOSE HE DOES NOT LIVE WITH? EXPLAIN:

IN YOUR OWN WORDS, DESCRIBE YOUR DOGS PERSONALITY/ENERGY LEVEL:

WHAT ARE YOUR GOALS FOR YOUR DOG WHILE BEING IN DAYCARE?

DATE: _____



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OWNER AGREEMENT

I, _____ hereby, certify that my dog(s):

_____ is (are) in good health and have not been ill with any communicable condition in the last 30 days. I further certify that my dog(s) have not harmed or shown aggressive or threatening behavior towards any person or other dog. I have read and understood the following:

1. I understand that I am solely responsible for any harm caused by my dog(s) while my dog(s) is/are attending R Furry Friends Doggie Daycare (“R Furry Friends”)
2. I understand and agree that in admitting my dog(s) to R Furry Friends, R Furry Friends staff and owners have relied on my representation that my dog(s) is/are in good health and have not harmed or shown aggressive or threatening behavior towards any person or any other dog(s).
3. I understand and agree that R Furry Friends and their owners, staff, and volunteers, will not be liable for any problems which develop, provided reasonable care and precautions are followed, and I hereby release R Furry Friends, their owners, staff and volunteers from any liability of any kind whatsoever arising from my dog(s) attendance and participation at R Furry Friends.
4. I understand and agree that any problems which develop with my dog(s) will be treated as deemed best by staff and volunteers of R Furry Friends, at their sole discretion, and that I assume full financial responsibility for any and all expenses involved.
5. I understand that in the case of any emergency medical problem arising, I authorize R Furry Friends, their owners, staff or volunteers to seek Emergency Veterinary Attention with either Macungie Animal Hospital or Quakertown Veterinary Clinic.

I certify that I have read and understand the policies of R Furry Friend as set forth on the preceding pages and that I have read and understand the conditions, and statements of this agreement, including the following:

FEES: Fees are due at time of Drop Off, except those using a package plan. Multi-visit passes are valid for 60 days from date of purchase.

LATE PICK-UP FEES: There will be a charge of \$5.00 per 15 minutes after pick-up time.

RESERVATIONS: A 24 hour notice is required on all Reservations and cancellations.

Signature of Owner: _____

Dated: _____

DATE: _____



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BORDETELLA CERTIFICATION

Read and sign!

I, _____, am fully aware that Bordetella is a highly contagious disease, and I understand that vaccination against the Bordetella virus is no guarantee my dog, _____, will not become infected.

I also understand that the Bordetella Vaccination only covers about 5% of all possible bacterial/viral infections that can be transmitted via contact with other dogs who also have been vaccinated with the Bordetella Vaccination and will not hold R Furry Friends, their owners, staff or volunteers responsible if my dog becomes affected with Bordetella.

I agree that the Bordetella vaccination must be administered at least once a year and will notify R Furry Friends with written verification when my dog has been revaccinated for Bordetella.

Date of current Bordetella vaccination: _____

Prescribing Veterinarian: _____

Signature of Owner: _____

Date: _____

DATE: _____



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Emergency Veterinary Release

R Furry Friends has an agreement with Macungie Animal Hospital and Quakertown Vet Clinic that if a minor health problem occurs that we, the owners, employees or staff of R Furry Friends, feel may require veterinarian care during regular office hours, R Furry Friends will contact you to decide if you want us to take your dog to the veterinarian of our choice (Macungie Animal Hospital or Quakertown Vet Clinic). If you cannot be reached and R Furry Friends feels your dog needs medical attention, we will use our discretion and make the decision ourselves.

If your dog needs emergency care, R Furry Friends will use our discretion - keeping the welfare of your dog in mind - to transport your dog to either Macungie Animal Hospital or Quakertown Vet Clinic depending on the extent of the emergency. As in any emergency, R Furry Friends will attempt to contact you at the phone numbers you have provided us after transporting the dog to the Veterinarian. You will need to choose the treatment, tests, medications, etc. that will be used to treat your dog. If you cannot be reached, all decisions regarding the treatment of your dog will be made with the dog's best interest in mind by R Furry Friends and the Veterinarian on call.

By signing this waiver, you are granting the treating Veterinarian permission to contact your Veterinarian to obtain any records regarding your dog that the treating Veterinarian needs to be able to treat your dog properly.

All medical bills associated with your dog's care will be paid immediately to the veterinarian by R Furry Friends and reimbursed to R Furry Friends within three business days.

Signed: _____

Dated: _____