

# Off The Leash Daycare Application

## OWNER INFORMATION:

Name(s): \_\_\_\_\_

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

Postal code \_\_\_\_\_ Phone number (s): \_\_\_\_\_

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

## DOG INFORMATION:

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

Female: \_\_\_\_\_ Male: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Breed: \_\_\_\_\_ Weight: \_\_\_\_\_

Microchip # \_\_\_\_\_

Veterinary Clinic \_\_\_\_\_ Phone # \_\_\_\_\_

Veterinarian's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

## CURRENT VACCINATIONS:

(Date Taken) DHPP: \_\_\_\_\_

Boosters (P,C, etc): \_\_\_\_\_ 1 Year \_\_\_\_\_ 3 Years \_\_\_\_\_

Rabies: \_\_\_\_\_ 1 Year \_\_\_\_\_ 3 Years \_\_\_\_\_ 5 Years \_\_\_\_\_

Bordetella: \_\_\_\_\_

Current Flea/tick/worm Program: \_\_\_\_\_ ( Please Name)

Age your dog was neutered/spayed: \_\_\_\_\_

(if not please state when your dog will be neutered/spayed): \_\_\_\_\_

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

Medical History: \_\_\_\_\_

Instructions and/or Restrictions: \_\_\_\_\_

\*Please attach proof of vaccination or submit it upon first arrival

\*Please note we reserve the right to contact your veterinarian at any time to discuss your pet's temperament and/or health

Please fill out the following survey

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

Where did you get your dog? \_\_\_\_\_

If adopted/rescued, do you have any back history?

---

---

Please list two personal or professional references who are able to verify for your dogs temperament or behavior - such as a dog trainer or veterinarian

(by providing this information you are authorizing that Off The Leash's owners or employees to contact your references at any time.)

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

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Contact information: \_\_\_\_\_ Contact information: \_\_\_\_\_

The following section pertains to your dogs social behavior

Has your dog been to an Off Leash dog park? \_\_\_\_\_

How often has your dog been to an off-leash dog park?

1	2	3	4
never	1-2 times	2 – 10 times	It is part of our regular routine

How does your dog do at the off-leash dog park? (leave blank if unknown)

1	2	3	4
Highly Nervous/aggressive	Slightly anxious	Plays well but becomes anxious with time	Highly social/confident

I only take my dog to the dog park when there are:

1	2	3	4
No other dogs	1-3 other dogs	10 + dogs	No preference

If you prefer to take your dog when there are fewer dogs (3 or less) please explain why:

---

---

---

General comments about your dog park experience (please include any or all incidents):

---

---

---

**Has your dog been to another day care before? \_\_\_\_\_**

1  
never

2  
1-2 times

3  
2 – 10 times

4  
It is part of our regular routine

**How did your dog do at the previous day care:**

1  
Not well

2  
It could have gone better

3  
reasonably well

4  
My dog loved it!

**General comments about your day care experience (please include any or all incidents):**

---

---

---

**How many dogs has your dog been in close/off leash contact with to your knowledge (other than littermates)**

1  
No other dogs

2  
Less than 5

3  
More than 10

4  
Too many to count

**How did/do they respond to meeting a new dog (please include any or all incidents)**

---

---

---

**The following questions pertain to how your dog interacts with other people**

**My dog gets along with \_\_\_\_\_.**

1  
Me & only me

2  
My family and myself only

3  
Mostly everyone

4  
Everyone they meet!

**My dog gets along with small children**

1  
No/unknown

2  
Sometimes but my dog gets nervous

3  
Mostly all children

4  
Yes loves them!

**My dog has exhibited the following behaviors:**

1  
Has bit someone

2  
Has growled/bared teeth at someone

3  
Jumps/lunges at people on walks

4  
None of the above

**General comments about how your dog reacts to other people (please include any or all incidents):**

---

---

---

The following questions pertain to how your dog interacts with *other dogs*

My dog gets along with \_\_\_\_\_.

- |               |                       |           |          |
|---------------|-----------------------|-----------|----------|
| 1             | 2                     | 3         | 4        |
| No other dogs | Our other dog(s) only | Some dogs | all dogs |

Please circle which describes your dog's social behaviors:

- |                    |                                     |                                  |               |
|--------------------|-------------------------------------|----------------------------------|---------------|
| 1                  | 2                                   | 3                                | 4             |
| Not social/unknown | Social but has had few interactions | Socialized- but still needs work | Highly Social |

My dog has exhibited the following behaviors:

- |                     |                         |                       |                   |
|---------------------|-------------------------|-----------------------|-------------------|
| 1                   | 2                       | 3                     | 4                 |
| Has bit another dog | Has growled/bared teeth | Jumps/lunges on walks | None of the above |

My dog is \_\_\_\_\_ at sharing with other dogs

- |                  |                                       |                                     |       |
|------------------|---------------------------------------|-------------------------------------|-------|
| 1                | 2                                     | 3                                   | 4     |
| Not good/unknown | Okay (Protective over certain things) | Generally Good(Has had some issues) | Great |

General comments about dog's experiences with other dogs (please include any or all incidents):

---

---

---

### General Questions

Does your dog exhibit anxious behaviors?

- |            |       |                       |       |
|------------|-------|-----------------------|-------|
| 1          | 2     | 3                     | 4     |
| Constantly | Often | In certain situations | Never |

What triggers your dogs anxiety?

---

---

---

Steps have I taken to socialize my dog:

---

---

---

What are you looking to get out of doggy daycare?

---

---

---

**Major concerns you will have with leaving your dog at Doggy Day Care**

---

---

---

**Additional information**

---

---

---

**Has your dog completed obedience or any other formal or training?**

---

---

---

Please be advised that Off The Leash will contact you for further information/clarification or to notify you that your application has been accepted. Once your application is approved appointments will be granted once vacant spots are available. Acceptance is of **Off The Leash** owner and employees discretion and a follow up is not required.

## Off The Leash Doggy Daycare Agreement

1. I understand that the employees & owners of Off The Leash are not professional dog trainers, animal health specialists, or behaviorists and are not responsible for training, teaching or correcting my dogs behavior. I understand that the intent of Off The Leash Doggy Daycare is to provide my dog with the opportunity to socialize.
2. I have taken the appropriate steps to socialize my dog and believe my dog is an ideal candidate to attend Off The Leash Doggy Day Care. I have no reason to believe my dog will put any person or animal at risk as I am confident in my dogs past behavior with other people and animals.
3. I understand that Off The Leash is a Leash Free environment that provides dogs the opportunity to play in close physical contact, including with their teeth and paws. I acknowledge that no amount of supervision or personalized care by Off The Leash owners or employees, can prevent the possibility of injury or illness to my dog.
4. I accept the risks involved with Doggy Daycare and agree that I am solely responsible for any damages that result from injuries caused by my dog while at Off The Leash. I agree to indemnify and hold harmless Off The Leash from any and all claims, liabilities, costs and expenses, including court costs and attorney fees, arising out of any harm or injury caused by my dog to other dogs or persons. I expressly wave and relinquish any and all claims against Off The Leash owners and employees for any injury, illness, or harm to my dog.
5. I understand that Off The Leash reserves the right to refuse dogs at anytime that exhibit behavior they deem as inappropriate or unmanageable to their discretion at anytime without notice or justification.
6. I understand that I must be on call at all times when my dog is at the facility and I must be available to pick up my dog with 30 minutes notice.
7. I understand that Off The Leash reserves the right to refuse services at any given time without justification
8. I agree that any issues or concerns I have will be brought to the attention of management before going public. Concerns must be stated in a clear and understandable manner beyond reasonable doubt. I understand that Off The Leash will address reasonable concerns to the best of their ability within a reasonable time frame. I understand that failure to do so and/or failure to present factual information publicly could result in a legal action.
9. I understand that the owners and employees at Off The Leash have the right to use reasonable force to protect themselves, their property and the safety of other dogs.
10. I understand that Off The Leash is intended to be a Leash free environment however I accept that in order to ensure the safety or well being of all dogs that temporary kenneling or tethering may be required
11. I agree that all information included in my application is what I believe or know to be factual and failure to disclose correct, accurate and pertinent information could result in a refusal of service and/or could have legal implications

---

DATE

---

SIGNATURE