



## Doggie Daycare/Group Playtime Enrollment Application and Agreement

Cascade Kennels, Inc. ("Cascade") and the Dog Owner(s) named below agree as follows:

Name of My Dog: \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_  
 M  F Spayed/Neutered?  Y  N Color \_\_\_\_\_ Approx. Weight \_\_\_\_\_  
Is your dog on flea Treatment  Y  N If yes, which product? \_\_\_\_\_ Date Last Applied \_\_\_\_\_

Dog Owner's Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Addl. Cell \_\_\_\_\_

E-mail Address: \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone: \_\_\_\_\_

Authorized pick up person \_\_\_\_\_ Phone: \_\_\_\_\_

Veterinarian Name \_\_\_\_\_ Phone: \_\_\_\_\_

Does your dog have any Medical/Health Conditions, Injuries, or Allergies?  Y  N If yes, please describe \_\_\_\_\_

Is your dog currently taking any medication?  Y  N If yes, please describe (include type, amount, times and any special instructions): \_\_\_\_\_

Does Your Dog Have Any Sensitive Areas on his/her Body?  Y  N If yes, please describe \_\_\_\_\_

### Getting to know your dog (mark all that apply)

<input type="checkbox"/> Calm/Laid back	<input type="checkbox"/> Hyperactive	<input type="checkbox"/> Toy Possessive	<input type="checkbox"/> Marks	<input type="checkbox"/> Jumps on People
<input type="checkbox"/> High Energy	<input type="checkbox"/> Protective	<input type="checkbox"/> Playful	<input type="checkbox"/> Likes to Mount	<input type="checkbox"/> Separation Anxiety
<input type="checkbox"/> Dominant	<input type="checkbox"/> Immature	<input type="checkbox"/> Escape Artist	<input type="checkbox"/> Pees when excited	<input type="checkbox"/> Afraid of Noises
<input type="checkbox"/> Anxious	<input type="checkbox"/> Food Aggressive	<input type="checkbox"/> Eats Poop	<input type="checkbox"/> Bark when playing	
<input type="checkbox"/> Mature	<input type="checkbox"/> Fearful	<input type="checkbox"/> Destructive	<input type="checkbox"/> Eats Rocks/Dirt	
<input type="checkbox"/> Shy	<input type="checkbox"/> Aggressive	<input type="checkbox"/> Independent	<input type="checkbox"/> Afraid of Strangers	

Does your dog jump fences?  Y  N If yes, how high? \_\_\_\_\_

How does your dog react when meeting new dogs? \_\_\_\_\_

What behavior does your dog display when with other dogs in a group setting such as dog parks or play groups? \_\_\_\_\_

Does your dog have a strong prey drive?  Y  N

Has your dog ever harmed a small animal? (rabbit, squirrel, etc.)  Y  N If yes, please describe \_\_\_\_\_

Has your dog ever bitten or harmed another dog?  Y  N If yes, please describe \_\_\_\_\_

Has your dog ever shown aggression towards small dogs?  Y  N Large dogs?  Y  N

Has your dog ever been aggressive or bitten an adult or child?  Y  N If yes, please describe \_\_\_\_\_

### My Dog's Obedience

Is your dog crate trained?  Y  N

Has your dog attended obedience classes?  Y  N

Commands my dog knows

<input type="checkbox"/> Sit	<input type="checkbox"/> Stay	<input type="checkbox"/> Come	<input type="checkbox"/> Leave it
<input type="checkbox"/> Down	<input type="checkbox"/> Wait	<input type="checkbox"/> Heel	<input type="checkbox"/> Off

Other \_\_\_\_\_ page 1 of 2

## Terms and Conditions

**Health/Vaccinations:** I agree that I will not bring my dog to Cascade if I am aware of it exhibiting any signs of sneezing, vomiting, diarrhea, coughing, lethargy or any other indication of illness and otherwise certify that, to the best of my knowledge, my dog is in good health. I agree to provide Cascade proof that all of my dog's required vaccinations are current prior to my dog's first arrival day and evidence that they remain current for all subsequent arrivals. Required vaccinations are as follows:

<u>Vaccination</u>	<u>Vaccination Frequency</u>
Rabies and DHLPP	1 to 3 years depending on Vet's recommendation
Bordatella	6 months
Fecal Test	6 months
Corona	Recommended but not required

Dogs must be on a scheduled flea and tick prevention program. If fleas and/or ticks are discovered on my dog while under Cascade's care, Cascade may administer a flea and tick bath to my dog and I agree to pay Cascade's standard charge for that service.

**End-of-Day Pick-Up:** I agree that either I or my authorized agent will pick up my dog no later than Cascade's closing time. Cascade's closing time is 6:30 PM Monday through Friday and 4:00 PM on Saturday unless otherwise posted (the "Closing Time"). If my dog is not picked up on or before Closing Time, I agree to pay a "Late Charge" equal to \$5.00 for every 15 minutes or fraction thereof past the Closing Time. If my dog is not picked up within 30 minutes after Closing Time, I understand and agree that: (a) I will thereafter be unable to pick up my dog that day; (b) Cascade will house my dog overnight in one of its overnight dog boarding runs; (c) my dog can be picked up after Cascade's office opens the next business day; (d) I will pay Cascade's normal overnight boarding charge in effect at that time in addition to the normal doggie daycare charge; and (e) I will pay all Late Charges, all overnight boarding charges and/or other charges due Cascade prior to or at the time my dog is picked up. Any dog not picked up 15 days or more after its scheduled departure date will be considered abandoned and at Cascade discretion may be turned over to the proper authorities pursuant to the RCW 16.54.

**Payment:** I agree to pay the rate for services in effect on the date my pet is checked into Cascade's doggie daycare. I agree that Cascade, at its option, may charge a cancellation fee for reservations canceled less than 24 hours prior to a scheduled reservation.

**Refusal of Services:** Cascade may, at its sole discretion, refuse to provide services to or to admit my dog into its daycare. If Cascade initially admits my dog into daycare but subsequently determines that in its opinion my dog's behavior is not suitable to be in daycare, then Cascade may thereafter refuse my dog's admittance. If Cascade initially admits my dog into daycare but subsequently determines that in its opinion my dog has an illness, then Cascade may at its option either segregate my dog in Cascade's quarantine room or require that I immediately retrieve my dog.

**Right to Photograph:** I agree that my dog may be videotaped and/or photographed by Cascade. Cascade shall be the exclusive owner of the results and proceeds of such taping or photography and may use such taping and photos in any of its advertising or marketing. I further agree that my dog may be used in any and all media and the promotion, advertising, sale, or publicizing of Cascade.

**Warranties and Representations:** I warrant and represent that: (a) my dog is not now and has never been known to be aggressive towards or to bite or attack another animal or human; (b) that all of the information provided by me in this agreement is true and correct to the best of my knowledge and belief; (c) that I am the owner of the dog, described above; and (d) I am authorized to enter into this agreement.

**Authority for Emergency Care:** In the event Cascade determines in its sole discretion that my dog requires medical aid, I authorize Cascade in its sole discretion to administer aid and/or obtain care by a licensed veterinarian of Cascade's choice including test results, medical records and/or prescriptions. I agree to pay any such costs incurred by Cascade and/or reimburse Cascade for any such expenses paid by Cascade. I authorize and instruct the veterinarian stated above to release to Cascade any and all information regarding my dog.

**Hold Harmless and Release of Liability:** On behalf of all Owners of my dog, I acknowledge and agree (a) that Cascade shall not be liable for any injuries, illnesses or accidents involving my dog, including escape or loss of my dog, while my dog is in the care or custody of Cascade, and (b) to defend, hold harmless and indemnify Cascade from and against any and all costs, expenses, attorney's fees, or damages arising out of any claim, action, suit or proceeding concerning my dog and/or other dogs or animals in the care or custody of Cascade and/or any natural person where such claim, action, suit, or proceeding is caused by or relates to my dog while in Cascade's care.

**Legal Fees:** In the event a dispute arises with respect to this agreement, the prevailing party shall be awarded all reasonable legal fees and related costs incurred in connection with the dispute.

**Miscellaneous:** The terms of this Agreement shall not be modified except in writing signed by Cascade and the Owner. This Agreement shall be governed by the laws of the State of Washington. Venue for any action shall be King County, Washington. The words "owner," "my," "I" and other similar words refer collectively to all owners of the above named dog. I certify that all owners, have read and fully understand the terms of this agreement and have given me the authority to enter into and execute this agreement. This agreement has no time limit and is valid and enforceable for any and all of my dog's future stays with Cascade. Delivery to Cascade of this Agreement signed by Owner may be made by hand, mail, facsimile or email.

OWNER:

By: \_\_\_\_\_ DATE: \_\_\_\_\_  
your name: \_\_\_\_\_

CASCADE:

By: \_\_\_\_\_ DATE: \_\_\_\_\_  
printed name: \_\_\_\_\_