

# BOWWOW FUN TOWNE

## *General Information*

This registration packet contains general information about our doggie day care, an application, standard day care agreement, animal medical power of attorney and the veterinary health form. This entire packet must be read and completed for your dog to receive a spot in our day care. We look forward to your dog joining our Towne.

**Phone:** (425) 481-6825

**Fax:** (425) 415-7807

<b>Business Hours:</b>	Monday – Friday	6:30-7:00 pm
	Saturday	10:00-6:00 pm
	Sunday	11:00-5:00 pm

Following late fees will be charged- \$20.00 from 7:01 – 7:15 pm. Overnight fee will be charged after 7:15 pm.

<b>Day Care Price:</b>	Half day (less than 5 hours)	\$29.00
	Full Day	\$38.00

Packages are as follows:

	Half Day	Full Day
5 day packages	\$140.00	\$180.00
10 day packages	\$260.00	\$340.00
20 day packages	\$480.00	\$620.00

Packages do not expire but they are non-refundable and non-transferable. 10% discounts are provided for siblings from the same household and attending the same day. All dogs for day care must be checked in by noon

**Boarding:** \$50.00 per night/\$55.00 during peak periods

Check in – after 12:00 pm and before 6:00 pm.

Check out - before 12:00 pm day of departure.

You may add a half day care (\$29) before check in or after check out time to accommodate your travel plans.

10% discount starting on the 8<sup>th</sup> night.

**Flea Protection Program:** All dogs who attend our doggie day care/boarding must be on a flea protection program. You may purchase a flea protection dose and our BowWow Fun Towne staff will apply it in house. We check for fleas on all dogs as they come. If your dog has fleas, we will apply medication immediately and the owner will be charged for the individual dose.

**Reservation:** Reservation is highly suggested. Once a day is full, we cannot accept extra dogs. Our staffing ratio is 1 staff to 15 dogs. Our staff provides interactive play and supervision during the day.

# BOWWOW FUN TOWNE

Temp test date:

## *Application Form*

*P/F*

Please fill out these forms as completely and accurately so our staff can properly place your dog into our Towne. When you are done, please bring this registration packet and vaccination record in to us, or fax it to us at (425) 415-7807. To set up an initial assessment interview, call us at (425) 481-6825.

### **OWNER INFORMATION**

Owner's Name: \_\_\_\_\_ Co-Owner's Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Owner's Work: \_\_\_\_\_ Owner's Cell: \_\_\_\_\_

Co-Owner's Work: \_\_\_\_\_ Co-Owner's Cell: \_\_\_\_\_

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

Name and phone number of other people authorized to pick up your dog or contact in case of an emergency:

\_\_\_\_\_  
\_\_\_\_\_

### **DOG INFORMATION**

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

Breed: \_\_\_\_\_ Markings/Colorings: \_\_\_\_\_ Gender: M / F

Weight: \_\_\_\_\_ Birthday: \_\_\_\_\_ Age when spayed/neutered: \_\_\_\_\_

Adoption date: \_\_\_\_\_ Age when adopted: \_\_\_\_\_

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

Prior daycare experience?: \_\_\_\_\_

Reason for enrolling your dog in daycare: \_\_\_\_\_

Expected days your dog will attend: \_\_\_\_\_

### **HEALTH INFORMATION**

Veterinarian Name and Clinic: \_\_\_\_\_

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

Any food allergies?: \_\_\_\_\_ Any known allergies?: \_\_\_\_\_

Any injuries or medical issues or concerns: \_\_\_\_\_

Does this Medical Condition require medication?: \_\_\_\_\_

Can your dog have treats at daycare?: \_\_\_\_\_ Brand of food: \_\_\_\_\_

Breakfast, Lunch or Dinner at daycare? \_\_\_\_\_ Amount?: \_\_\_\_\_

### **TRAINING**

Location and date of prior training classes: \_\_\_\_\_

Any training challenges?: \_\_\_\_\_

Any training equipment used on walks?: \_\_\_\_\_

Known commands?: \_\_\_\_\_

How Did you Hear About Us? Newspaper / Radio / Flyer / Drive By / Friend \_\_\_\_\_

**PERSONALITY**

Types/breeds of dogs your dog does not like: \_\_\_\_\_

Any kinds of people your dog automatically does not like? \_\_\_\_\_

Has your dog ever growled at or bitten a person?: \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

Has your dog ever bitten another dog? \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

**PERSONALITY DESCRIPTION**

Please circle the words that describe your dog:

- |            |              |             |            |
|------------|--------------|-------------|------------|
| Mellow     | High energy  | High Strung | Jealous    |
| Calm       | Dominant     | Alert       | Fearful    |
| Shy        | Unruly       | Happy       | Anxious    |
| Submissive | Timid        | Goofy       | Pushy      |
| Playful    | Well-behaved | Immature    | Mean       |
| Silly      | Hyper        | Stubborn    | Protective |
| Sweet      | Aggressive   | Possessive  | Wonderful  |

**PLAY STYLE WITH OTHER DOGS:**

- |                        |                               |                   |
|------------------------|-------------------------------|-------------------|
| Has many dog friends   | Likes off-leash parks         | Loves to wrestle  |
| Loves to chase         | Loves to be chased            | Fetch dog         |
| Nippy                  | Herds other dogs              | Guards toys       |
| Barky                  | Gets mounted frequently       | Frequently mounts |
| Hates being mounted    | Afraid of big dogs            | Scares small dogs |
| Gentle with small dogs | Likes people better than dogs |                   |

**BEHAVIORS**

Please circle any behaviors that describe your dog and elaborate below:

- |                    |                        |                          |
|--------------------|------------------------|--------------------------|
| Dog Aggressive     | People Aggressive      | Food Possessive          |
| Jumps on People    | Mouthy/Bites Dogs      | Mouthy/Bites People      |
| Eats Poop          | Eats Non-Food Items    | Destroys Toys            |
| Noise Phobias      | Destroys Furniture     | Toy Possessive           |
| Barks Excessively  | Growls at Strangers    | Does Not Obey            |
| Chews Excessively  | Escapes                | Jumps Fences(how high?)  |
| Separation Anxiety | Kills Small Critters   | Afraid of Vacuums        |
| Guards Food Bowl   | Guards House or Yard   | Fearful (describe fears) |
| Can't Grab Collar  | Dislikes being groomed | Pees/Poops in House      |

Any other comments about your dog:

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# BowWow Fun Towne

## ANIMAL MEDICAL POWER OF ATTORNEY

*BowWow Fun Towne will make every effort to contact you in the event of a medical emergency involving your pet. However, if we should be unable to reach you, we will need formal authorization to request care for your pet on your behalf. Please review the following Animal Medical Power of Attorney, and if acceptable, sign below.*

I/we, the undersigned owner(s), hereby designate Walkin' The Dogs & Pet Services, Inc. dba BowWow Fun Towne, a Washington corporation, to act as my attorney-in-fact and to act in my/our name for the emergency medical benefit of my/our pet upon the terms and conditions outlined below.

- 1. Effectiveness.** This Animal Medical Power of Attorney shall become effective in the case of a medical emergency requiring immediate care for my/our pet during my/our absence or if deemed necessary to preserve the life or well being of my pet.
- 2. Powers.** By the execution of this Animal Medical Power of Attorney, it is my/our intention that my/our

attorney-in-fact shall have the authority to make all the emergency health care decision for my/our pet to the same extent I/we would, including but without limitation, the following: to employ and discharge medical personnel; to execute documents; to provide written consents/releases for treatment; to obtain and administer prescribed medications; and to incur reasonable and necessary fees and costs in carrying out the powers and duties under this document that shall be reimbursed by me/us upon demand by BowWow Fun Towne.

- 3. Indemnification.** I/we shall hold harmless and indemnify my attorney-in-fact from all liability for acts done in good faith.

## ASSUMPTION OF RISK, RELEASE AND INDEMNIFICATION

- 1. Assumption of Risk.** I/we understand and acknowledge that pets can be extremely unpredictable in behavior and while BowWow Fun Towne performs its services, the chance of injury to my pet is possible. I/we assume all risks related to BowWow Fun Towne's services to my pet (with the exception of gross negligence of BowWow Fun Towne), including but not limited to: illness; bodily injury; death; theft; falls; bites; collisions with vehicles; natural disaster; the unavailability of emergency medical care; or the negligence or deliberate acts of third parties.

- 2. Release of Liability.** I/we agree not to sue and to release from liability BowWow Fun Towne, its officers, owners, agents, employees, and other persons or entities involved with the services offered by BowWow Fun Towne, from all actions, claims or demands for injury, loss, or damage regardless of the cause.

- 3. Assumption of Liability.** I/we hereby assume full legal and financial responsibility for any harm caused by my/our pet while in or on the premises and while my/our pet is/are under the care of BowWow Fun Towne.

- 4. Indemnification.** I/we understand and acknowledge that pets can be extremely unpredictable in behavior and may cause damage to third parties for which BowWow Fun Towne could be held liable. I/we agree to bear any and all damages, losses, liabilities, demands and expenses, including legal and professional fees and I/we agree to defend, and hold BowWow Fun Towne harmless from any liability thereon.

IT IS THE INTENTION OF THE PARTIES TO THIS AGREEMENT THAT THE FOREGOING RELEASES SHALL BE EFFECTIVE AS A BAR TO ALL ACTIONS, FEES, DAMAGES, LOSSES, CLAIMS, LIABILITIES, DEMANDS OR DEBTS WHATSOEVER, OF ANY NATURE OR KIND, KNOWN OR UNKNOWN, SUSPECTED OR UNSUSPECTED, ARISING OUT OF THE PERFORMANCE OF BOWWOW FUN TOWNE'S SERVICES. THE PARTIES TO THE AGREEMENT EXPRESSLY CONSENT THAT THIS RELEASE SHALL BE GIVEN FULL FORCE AND EFFECT IN ACCORDANCE WITH EACH AND ALL OF ITS EXPRESS TERMS AND PROVISION.

I/we understand that this Agreement contains an Animal Medical Power of Attorney, release of liability, and a contract between BowWow Fun Towne and me/us, and I /we am signing this agreement of my/our own free will. If any part of this Agreement is deemed unenforceable, all the parts shall be given full affect to the extent possible. If there is a dispute between the parties relating to this Agreement, the prevailing party will be entitled to recover all costs and attorneys fees of any subsequent proceedings (including arbitration, trial, and/or appellate proceedings).

I have read and signed the BowWow Fun Towne Standard Daycare Agreement and it is hereby incorporated into this document. This Agreement and the Standard Daycare Agreement contains the complete understanding of the parties with respect to the subject matter hereof and supersedes all prior representations and understandings, whether oral or written. The Agreement may be modified only by writing signed by both parties.

OWNER: \_\_\_\_\_

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

CO-OWNER: \_\_\_\_\_

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

# BOWWOW FUN TOWNE

## Standard Daycare Agreement

1. BowWow Fun Towne agrees to exercise due diligence and reasonable care and to keep the premises sanitary and properly enclosed. All pets are handled or cared for by the BowWow Fun Towne staff without liability on BowWow Fun Towne's part for loss or damage from disease, theft, fire, death, escape, injury, or harm to persons, other pet(s) or property, or from other unavoidable causes, due diligence and care having been exercised.
2. Should any pet become ill or seem to be in need of medical consideration, the BowWow Fun Towne staff reserves the right to administer aid and/or to use any available veterinarian. Any expenses incurred shall be paid by the Owner in addition to their fees incurred for services provided at or by the BowWow Fun Towne staff.
3. Owner agrees to pay the rate for services in effect on the date their pet is checked into the BowWow Fun Towne. Cancellation fees may be applied for reservations canceled less than 24 hours prior to a scheduled reservation. Owner shall remain liable for all charges incurred for the care and maintenance of the pet listed on this document. It is expressly agreed that the BowWow Fun Towne's liability shall in no event exceed the lesser of the current tangible value of a pet of the same species or the sum of \$200 per animal. The Owner further agrees to be solely responsible for any and all acts or behavior of said pet while in the care of BowWow Fun Towne. The Owner of the pet agrees to pay a reasonable attorney fee incurred by BowWow Fun Towne in the collections of any charges for services incurred by the Owner of the pet.
4. Pet must be in good general health and remain current on Rabies, DHLPP, Bordatella and Corona vaccinations when dropped off for any service provided at or by BowWow Fun Towne. Owner must provide proof of all required vaccinations prior and/or on the first, when vaccinations are updated, and/or annually. A result of the fecal examination must be provided prior to your dog's admittance. Pet must also be on a scheduled prevention program for fleas and ticks. Pets arriving with fleas and/or ticks may be bathed at BowWow Fun Towne's discretion, at Owner's expenses. Pets that have harmed or shown aggression or threatening behavior to any person or other dog will not be admitted into daycare. BowWow Fun Towne reserves the right to refuse services or admittance to any dog.
5. Pet will be picked up by Owner or pre-approved Owner's agent by 7:00 PM. Charges may be incurred, at prevailing rate for late pick-up. It is understood that BowWow Fun Towne provides overnight accommodations. Any dog left after 7:15 pm will be considered as an overnight guest and will be charged as according and will be paid by the Owner.
6. Owner agrees that their pet may be videotaped and/or photographed. BowWow Fun Towne shall be exclusive owner to the results and proceeds of such taping or photography throughout the world, an unlimited number of times in perpetuity, to copyright, to use and to license to others in any manner. Owner further agrees that their pet may be used in any and all media and the promotion, advertising, sale, publicizing, and exploitation of BowWow Fun Towne.

I/we certify that I/we have read and understand the rules and regulations set forth on the preceding page and that I/we have read and understand this agreement. I/we agree to abide by the rules and regulations and accept all the terms, conditions, and statements of this agreement.

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Signature of Dog's Owner

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Date

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Signature of Dog's Co Owner

---

Date

# BOWWOW FUN TOWNE

18021 61<sup>st</sup> Ave NE Kenmore, WA 98028  
 Phone: (425) 481-6825 Fax (425) 415-7807

Please take this form to your veterinarian and have a visual exam done along with a complete fecal test.

## Veterinary Health Form

*This form must be completed and signed by a licensed veterinarian and returned to BowWow Fun Towne by mail, fax or in person. For the protection of all of our guests, failure to supply this information will be cause for cancellation of your dog's visit and/or boarding with BowWow Fun Towne.*

Dog's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: M / F  
 Breed: \_\_\_\_\_ Spayed/Neutered: Y / N When? \_\_\_\_\_  
 Owner's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

REQUIRED IMMUNIZATIONS: Please enter the date of last vaccination.

DHLPP \_\_\_\_\_ Rabies \_\_\_\_\_ Bordetella \_\_\_\_\_  
 1 year  3 year  1 year  3 year  1 year  3 year

Examination Information: Please check all boxes that apply.  
 Date of last physical exam \_\_\_\_\_

Dog's general health:  
 Poor  Fair  Good  Excellent

<p><b>Fecal</b>                  Date of most recent test: _____  <input type="checkbox"/> Diarrhea <input type="checkbox"/> <b>Coccidian</b>  <input type="checkbox"/> Blood <input type="checkbox"/> <b>Whipworm</b>  <input type="checkbox"/> Roundworm <input type="checkbox"/> None  <input type="checkbox"/> Tapeworm <input type="checkbox"/> Other _____</p>	<p><b>Oral</b>  <input type="checkbox"/> Dental problems  <input type="checkbox"/> Sores  <input type="checkbox"/> <b>Papillomas</b>  <input type="checkbox"/> Others _____</p>	<p><b>Ears</b>  <input type="checkbox"/> Infection  <input type="checkbox"/> <b>Mites</b>  <input type="checkbox"/> Others _____</p>
<p><b>Skin</b>  <input type="checkbox"/> Normal <input type="checkbox"/> Tumors  <input type="checkbox"/> Hot spots <input type="checkbox"/> Ringworm  <input type="checkbox"/> Cysts <input type="checkbox"/> <b>Mange</b>  <input type="checkbox"/> Fleas/Mites <input type="checkbox"/> Other _____</p>	<p><b>Skeletal</b>  <input type="checkbox"/> Normal  <input type="checkbox"/> Arthritis  <input type="checkbox"/> Hip Dysplasia  <input type="checkbox"/> Broken Bones  <input type="checkbox"/> Others _____</p>	<p><b>Eyes</b>  <input type="checkbox"/> Normal  <input type="checkbox"/> Glaucoma  <input type="checkbox"/> <b>Conjunctivitis</b>  <input type="checkbox"/> Others _____</p>

OTHER HEALTH ISSUES/CONCERNS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**VETERINARIAN INFORMATION:**

Print Veterinarian's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Veterinarian Signature: \_\_\_\_\_ Date: \_\_\_\_\_