



All potential clients must fill out the following application. For your convenience, data can be typed into this form and saved to your computer.

Please print off your completed application and fax it to **281-501-9786**

Please call your vet and have them fax your dog's shot records to Jackson's Place at 281-501-9786.

Be sure to complete all 5 pages of the application.

Client Information

Owner's Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Home Phone _____ Work Phone _____ Cell Phone _____
 Email Address _____
 Occupation _____ Employer _____
 Emergency Contact's Name _____
 Home Phone _____ Work Phone _____ Cell Phone _____
 Others I Authorize To Pick Up My Dog _____

Veterinary Information

Primary Clinic _____
 Dr Name: _____ Phone _____
 Address _____

Dog Information

1. Dog's Name _____ Breed _____ Sex _____
 Date of Birth _____ NEUTERED | SPAYED (circle one) If not, when? _____
 Does he/she have any hearing or physical handicaps? _____ If yes, please explain _____

2. Dog's Name _____ Breed _____ Sex _____
 Date of Birth _____ NEUTERED | SPAYED (circle one) If not, when? _____
 Does he/she have any hearing or physical handicaps? _____ If yes, please explain _____

(713) 529-1200
 Fax (281) 501-9786

1304 W. Alabama Street
 Houston, TX 77006

www.HoustonDogDaycare.com
 info@houstondogdaycare.com

What did your dog do today?



3. Dog's Name _____ Breed _____ Sex _____
 Date of Birth _____ NEUTERED | SPAYED (circle one) If not, when? _____
 Does he/she have any hearing or physical handicaps? _____ If yes, please explain _____

My Dog's Favorite Toy(s) _____

My Dogs Favorite Activity _____

My Dog Is Allowed On Furniture At Home: Yes No No **BUT** is okay at *Jackson's Place*

Reason for Using Daycare Services _____

How did you hear about *Jackson's Place*? _____

Additional Information I Would Like You To Know About My Dog: _____

As a condition of using our services for your pets, the following Waiver & Assumption to Hold Harmless must be signed:

I hereby declare that my dog(s) has not been exposed to distemper, rabies, kennel cough, parvo, corona, leptospirosis or other known contagious diseases within the last 30 days and is free of worms, heartworm and fleas. PRIOR TO BRINGING MY PET, I agree to the following: to treat my dog for fleas with an approved method year round. I agree to advise of any known or potential ill health, injury or bad temperament of my pet, or possible exposure to other ill animals, including but not limited to skin disorders, eye discharges or infections, diarrhea, vomiting, etc. I will not bring my dog if any illness has occurred within the previous 72 hours unless I have a written release from my vet or PREapproval by Jackson's Place Dog Daycare. I understand failure to advise of any ill health that may be contagious will result in my full responsibility (secured by credit card) for all medical costs for all involved pets or damages of any kind at the facility. _____ (initials)

I agree to maintain current vaccination schedules as recommended by my vet, and provide copies to *Jackson's Place Dog Daycare* of vaccination status annually. I understand that even with vaccines, my dog may obtain, carry and expose others (or be exposed inadvertently) due to the extremely contagious nature of kennel cough and other canine illnesses. _____ (initials)

I am responsible for guaranteeing my dog is not ill including vomiting, diarrhea, eye/nose discharge, sneezing, coughing, parasite-free and no skin disorders within 72 hours prior to attendance and if affected, agree NOT to bring the dog or assume financial consequences for all dogs affected. _____ (initials)

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For companion animals of all kinds including special-needs pets or seniors, I agree to hold *Jackson's Place Dog Daycare* harmless for assuming the care of my pet. If pet should become seriously ill or expire for any reason, I consent herein that pet may be taken to a vet for care and/or holding upon our return. By release of my pet to the care of *Jackson's Place Dog Daycare*, I acknowledge my trust therein, and fully agree to let them act as agent on my behalf and hold them harmless in connection therewith under any circumstance. _____ (initials)

I understand the intent of the services provided by *Jackson's Place Dog Daycare* and that attendance is not without risk to my dog or myself while on the premises for any reason. That even with great care taken in monitoring interactions, vaccinations, health and safety- accidents, loss, injuries & illnesses between dogs and/or to humans (through dog interaction or any injury on the property) are possible and assume full financial responsibility for my own pet's care regardless of cause. I agree to give notice of any illness or injury within 24 hrs. after taking possession of my dog. _____ (initials)

I understand dogs can do property damage and spread illness and assume and will pay in cash without question all costs for damages to property (including dog beds, toys, home, yard, etc.) including injury to another pet or human, or veterinarian visits incurred on behalf of my pet or as a result of my pets' behavior towards another pet or illness incurred for any reason before my dog will be released to me. **I understand no pet will be released until balance is paid in full, inclusive of holding time awaiting payment and all costs related thereto.** _____ (initials)

I hereby consent, unless specified in writing herein by all parties, that *Jackson's Place Dog Daycare* has my express consent to use training methods/tools that will not harm my animal but may help to manage inappropriate behaviors while on the property (i.e., Gentle Leader, loose fitting muzzle, Rescue Remedy, time-out, Citronella Collar, Benedryl) for the well-being of all at the time/place. _____ (initials)

I hereby agree to absolve and hold harmless any and all parties connected with the services being provided in any way, singly or collectively, from and against any blame and liability for any injury, misadventure, harm, loss, inconvenience, illness or damage hereby suffered or sustained as a result of participation in the services or activities therewith, or while on the premises or surrounding area. **I acknowledge/accept that if my pet is not picked-up within 72 hours after represented and no further contact and accommodations have been made, the pet will be deemed abandoned and handled in accordance with applicable laws.** _____ (initials)

In signing below, I acknowledge understanding of the content herein; that my responses are true; and agree to the terms herein upon acceptance. I understand this Release is necessary to minimize the risk of injury, illness and for the safety of all involved while in attendance or on the property at *Jackson's Place Dog Daycare*. _____ (initials)

I understand that under no circumstances will *Jackson's Place Dog Daycare* be liable for consequential damages or damages beyond the replacement value of my dog(s). _____ (initials)

If any medical problems develop while my dog(s) is in the care of *Jackson's Place Dog Daycare*, I authorize *Jackson's Place Dog Daycare* to do whatever they deem necessary for the safety, health and well being of my dog(s). Further, I agree to assume full financial responsibility for any and all expenses incurred. _____ (initials)

I understand that *Jackson's Place Dog Daycare* is a cage-free facility. I accept the risks involved and agree that *Jackson's Place Dog Daycare* is not liable for any inquiries or illnesses resulting during my dog's attendance. _____ (initials)

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What did your dog do today?



I hereby declare to Jackson's Place Dog Daycare that I am legal owner of my dog; that my dog has not been exposed to distemper, rabies or parvo within the past (30) thirty days; that my dog(s) has been inoculated as indicated by records presented; that my dog(s) is currently and properly licensed; and that I (the owner) have read this agreement in its entirety. . _____ (initials)

On behalf of myself and any and all other owners of this pet, I have read and agree to the terms of this contract. I warrant that I have the authority to represent any and all other owners of this pet in signing this contract.

Signed: _____ Date: _____

Printed Name: _____

Rules and Requirements

To ensure the health and safety of your pet and of our other guests, we require that all of our clients comply with the following rules and regulations.

1. All dogs must be at least 3 months of age or older. All dogs over the age of 7 months must be spayed or neutered. Puppies and shelter dogs must be in the home for 1 month prior to coming to daycare.
2. All dogs must have up-to-date vaccinations. Owners must submit written proof that their dogs have current DHLPP (distemper), Rabies and Bordetella (kennel cough) vaccinations.
3. All dogs must be in good health. Owners will certify that their dog(s) are in good health and have not been ill with a communicable condition in the last 30 days. Upon admission, all dogs must be free of any condition that could potentially jeopardize other guests, including fleas or ticks. Dogs that have been ill with a communicable condition in the last 30 days will require veterinarian certification of health to be admitted or readmitted.
4. Owners will need to certify that their dog(s) have not harmed or shown aggression or threatening behavior towards any person or other dog(s).
5. All dogs must have a complete, up-to-date and approved application on file prior to attending daycare.
6. Please, do not bring personal items like bones or toys for daycare. We have food/water bowls, measuring cups, treats and toys.
7. If a pet that is presented for daycare is found to have fleas and/or ticks the owner will be called for the dogs' immediate pick up.
8. Owners must bring any dog food that is to be given to their dog(s).

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9. Daycare hours are M – F 6:30 am – 7 pm Dogs left after 7pm will be put into extended daycare and an extended daycare fee and food fee will apply.

10. Weeked Extended Daycare Drop Off and Pick Up hours are Saturday and Sunday by appointment 8:00am - 7:00pm.

10. Cancellations will require a 24 hours notice or you will be charge for the missed visit.

Owner's Signature

Date

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