



DAYCARE/BOARDING APPLICATION

ALL DOG ADVENTURES, LLC

4111 W. Clay St., Richmond, VA 23230

Phone: (804) 355-7737 Fax: (804) 355-6550

info@alldogadventures.com / www.alldogadventures.com

Daycare:

Buy 1 day: \$32

Buy 12 days: \$324 (\$27/day)

Buy 25 days: \$550 (\$22/day)

*Above packages valid for 6 months from date of purchase.

Boarding: \$39 a night

Effective 11/27/17

Prior to Boarding, it is a pre-requisite for a dog to attend a day of Daycare at All Dog Adventures within 90 days of boarding and to provide updated vet records.

Client Information:

Name: _____

Address: _____ City _____ State _____ Zip _____

Home # (_____) _____ Work # (_____) _____ Cell # (_____) _____

Email _____ Fax # (_____) _____

Dog Information:

Dog's Name: _____ DOB ____/____/____ Male _____ Female _____

Breed: _____ Color: _____ Spayed/Neutered _____(Y)_____(N)

Name(s) of people authorized to pick up your dog: _____

Emergency Contact Person:

Name: _____ Phone: _____

Veterinary Office to Contact in Case of an Emergency:

Name: _____ Phone: _____

Has your dog ever attended a daycare or boarding facility in the past? ___Yes ___No

If yes, where? _____ May we contact them if necessary ___Yes ___No

Why are you considering our off-leash dog play program for your dog?

Does your dog take medication or have a medical condition? ___Yes ___No

If yes, please describe: _____

Does your dog have food allergies? ___Yes ___No ___Don't know

If yes, explain: _____

Is your dog used to being in a crate or kennel ___Yes ___No ___Somewhat

Is your dog house trained? ___Yes ___No ___Somewhat

Does your dog jump fences over 6 feet? ___Yes ___No ___Somewhat

Is your dog fearful or anxious during thunderstorms? ___Yes ___No ___Somewhat

Is your dog fearful or anxious of being bathed? ___Yes ___No ___Somewhat

Does your pet have separation anxiety issues? ___Yes ___No

Has your dog ever bitten a person or another animal? ___Yes ___No

If yes, explain: _____

Are there situations where your dog may become unfriendly? ___Yes ___No

If yes, explain: _____

Are you currently enrolled in a training class? ___Yes ___No

If yes, where and what class(es)? _____

Who can we thank for your referral? _____

In accordance with the Virginia Comprehensive Animal Laws, we are required to provide you with the following notice each time your dog stays with us at the daycare. In lieu of giving you a copy of this notice each time you come in, please read the following and sign the bottom indicating that you are aware of the information listed below.

NOTICE

THE BOARDING OF ANIMALS IS SUBJECT TO ARTICLE 3.1 (3-1-796.83:1 ET SEQ.) OF CHAPTER 27.4 OF TITLE 3.1 IF YOUR ANIMAL BECOMES ILL OR INJURED WHILE IN THE CUSTODY OF THE BOARDING ESTABLISHMENT, THE BOARDING ESTABLISHMENT SHALL PROVIDE THE ANIMAL WITH EMERGENCY VETERINARY TREATMENT FOR THE ILLNESS OR INJURY.

THE CONSUMER SHALL BEAR THE REASONABLE AND NECESSARY COSTS OF EMERGENCY VETERINARY TREATMENT FOR ANY ILLNESS OR INJURY OCCURRING WHILE THE ANIMAL IS IN THE CUSTODY OF THE BOARDING ESTABLISHMENT. THE BOARDING ESTABLISHMENT SHALL BEAR THE EXPENSES OF VETERINARY TREATMENT FOR ANY INJURY THE ANIMAL SUSTAINS WHILE AT THE BOARDING ESTABLISHMENT IF THE INJURY RESULTED FROM THE ESTABLISHMENT'S FAILURE, WHETHER ACCIDENTAL OR INTENTIONAL, TO PROVIDE CARE REQUIRED BY 3.1-796.68; HOWEVER, BOARDING ESTABLISHMENTS SHALL NOT BE REQUIRED TO THE COST OF VETERINARY TREATMENT FOR INJURIES RESULTING FROM THE ANIMAL'S SELF-MUTILATION.

I UNDERSTAND THAT PARTICIPATION IN DOGGY DAYCARE AT ALL DOG ADVENTURES IS NOT WITHOUT SOME RISK, THAT DESPITE ALL THE DOGS APPEARING HEALTHY AND BEING HANDLED WITH THE GREATEST AMOUNT OF CARE AND FORESIGHT, DOGS ARE NOT ALWAYS PREDICTABLE AND THE UNEXPECTED MAY OCCUR. I HEREBY WAIVE AND RELEASE ALL DOG ADVENTURES, ITS EMPLOYEES, OWNERS AND AGENTS FROM ANY AND ALL CLAIMS, WHILE ON THE GROUNDS OR THE SURROUNDING AREA THERETO AND RESULTING FROM PARTICIPATING IN ALL DOG ADVENTURES, INCLUDING SPECIFICALLY, BUT WITHOUT LIMITATION, ANY INJURY OR DAMAGE RESULTING FROM THE ACTION OF ANY DOG, INCLUDING MY OWN. I FURTHER AGREE TO PAY ANY VETERINARY / MEDICAL EXPENSES INCURRED AS A RESULT OF INJURY CAUSED BY MY DOG(S). I GIVE ALL DOG ADVENTURES PERMISSION TO SEEK VETERINARY CARE AT THE VETERINARIAN OF THEIR CHOICE IF THEY DEEM IT NECESSARY FOR THE DOG(S) AT MY EXPENSE, HOWEVER I WILL NOT HOLD ALL DOG ADVENTURES RESPONSIBLE IF THEY FAIL TO SEEK VETERINARY CARE.

I HEREBY GRANT ALL DOG ADVENTURES PERMISSION TO USE MY OR MY DOG'S LIKENESS IN A PHOTOGRAPH, VIDEO, OR OTHER DIGITAL MEDIA ("PHOTO") IN ANY AND ALL OF ITS PUBLICATIONS, INCLUDING WEB-BASED PUBLICATIONS, WITHOUT PAYMENT OR OTHER CONSIDERATION.

I UNDERSTAND AND AGREE THAT ALL PHOTOS WILL BECOME THE PROPERTY OF ALL DOG ADVENTURES AND WILL NOT BE RETURNED.

I HEREBY IRREVOCABLY AUTHORIZE ALL DOG ADVENTURES TO EDIT, ALTER, COPY, EXHIBIT, PUBLISH, OR DISTRIBUTE THESE PHOTOS FOR ANY LAWFUL PURPOSE. IN ADDITION, I WAIVE ANY RIGHT TO INSPECT OR APPROVE THE FINISHED PRODUCT WHEREIN MY OR MY DOG'S LIKENESS APPEARS. ADDITIONALLY, I WAIVE ANY RIGHT TO ROYALTIES OR OTHER COMPENSATION ARISING OR RELATED TO THE USE OF THE PHOTO.

Signed: _____ Date: ____/____/____

Print Name: _____