



# Daycare Application

## All Dog Adventures

4111 West Clay Street, Richmond, VA  
Phone: (804)355-7737 Fax:(804)355-6550

Buy 1 Visit: \$30 a day\*  
Buy 12 Visits: \$25 a day, \$300 total\*  
Buy 25 Visits: \$20 a Day, \$500 total\*

\*must be used within 6 months of purchase date. Excludes special holidays.

### **Client Information:**

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home # (\_\_\_\_) \_\_\_\_\_ Work# (\_\_\_\_) \_\_\_\_\_ Cell# (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_ @ \_\_\_\_\_ Fax# (\_\_\_\_) \_\_\_\_\_

### **Dog Information:**

Dog's Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Male \_\_\_ Female \_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_ Spay/neuter Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Shot Dates: Rabies \_\_\_\_/\_\_\_\_/\_\_\_\_ DHLPP \_\_\_\_/\_\_\_\_/\_\_\_\_ Kennel cough \_\_\_\_/\_\_\_\_/\_\_\_\_

Veterinarian/Clinic: \_\_\_\_\_

Does your dog take medication or have a medical condition? \_\_\_yes\_\_\_ No  
If yes please describe: \_\_\_\_\_

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

Emergency Contact person (other than yourself or your Veterinarian):  
Name: \_\_\_\_\_ Phone# \_\_\_\_\_

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 5 feet? \_\_\_yes\_\_\_ No\_\_\_ Somewhat  
Does your dog get along with other dogs? \_\_\_yes\_\_\_ No\_\_\_ Somewhat  
Does your dog have food allergies? \_\_\_yes\_\_\_ No\_\_\_ Don't know

If yes, explain:\_\_\_\_\_

Has your dog ever shown aggression toward a person or another dog? \_\_\_yes\_\_\_ No If  
yes, explain:\_\_\_\_\_

Are you currently enrolled in a training class?\_\_\_yes\_\_\_ No

If yes, Where and what class?\_\_\_\_\_

How did you hear about All Dog Adventures? \_\_\_flyer \_\_\_vet \_\_\_ Internet  
\_\_\_Advertisement \_\_\_other

I want yo bring my dog to Daycare for: \_\_\_Play and socialization \_\_\_Exercise  
\_\_\_Training \_\_\_Behavior problem: explain\_\_\_\_\_

Other\_\_\_\_\_

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 TEH ANIMALS' 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 HEARBY 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 PARTICIPATION 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.

Signed\_\_\_\_\_Date:\_\_\_/\_\_\_/\_\_\_