

**HOME SWEET BONE
DOG DAYCARE APPLICATION FORM**

Which sex is your dog most fond of? M / F

Please describe your dogs overall temperament: _____

How does your dog react to other dogs? (Generally)

(Inside your home)

(Outside your home)

Has your dog participated in play at a dog park? Y / N

If yes, how did he/she react with the other dogs? _____

How does your dog react to strangers? _____

Has your dog ever bitten someone? Y / N

If yes, describe: _____

Has your dog ever been in a fight or bitten another dog? Y / N

If yes, describe: _____

Has your dog ever escaped or attempted to escape by digging/jumping or climbing fences? Y / N

If yes, describe: _____

Does your dog have any behavioral problems? Y / N

If yes, describe: _____

Does your dog have a circumstance or situation that he/she is frightened of? Y / N

If yes, describe: _____

Describe how you would calm the dog during this situation: _____

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Is your dog housebroken or crate trained? _____

Does your dog play with toys? Y / N What kind? _____

Is your dog toy possessive? Y / N

If so, describe: _____

Has your dog shared toys/food/water with other dogs before? Y / N

Were there any problems? _____

Has your dog ever played on playground or agility equipment before? Y / N

Has your dog ever received any formal training? Y / N

Where and when? _____

Does your dog know any commands? Y / N

Describe: _____

What special commands does your dog know? (i.e. Bathroom, quiet, play, sit, stay)

What do you do with him/her when you leave the home? _____

How does he/she react when you get home? _____

Does your dog have any health concerns that you are aware of? Y / N

Describe: _____

Does your dog have any medical restrictions on his/her activities? Y / N

Describe: _____

Is your dog currently on any medication? Y / N

Describe: _____

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Does your dog have any allergies? Y / N Describe: _____

Does your dog like to receive brushings? Y / N

How often is he/she brushed? _____

How does your dog react to getting his/her nails clipped? _____

Does your dog have any areas on his/her body that he/she does not like to be touched? Y/N

If yes, describe: _____

Does your dog receive flea and tick preventative? Y / N

Brand: _____ Frequency: _____

How did you hear about Home Sweet Bone? _____

When would you like to start? _____

Is there anything else that you believe we should know about your dog?

***** A copy of your pets shot records must accompany this form. Dogs
Without proof of required vaccinations will not be admitted into the facility.**

HOME SWEET BONE DOG DAYCARE/ PET CARE AGREEMENT

Your Name: _____ Dogs name: _____

Address: _____ Phone: _____

1. I understand that **HOME SWEET BONE** has relied upon my representation that my dog is in good health and has not injured or shown aggression or threatening behavior to any person or dog in admitting my dog for services at their facility.
2. I further understand that **HOME SWEET BONE**, their owners, staff, partners and volunteers, will not be liable, financially or otherwise, for injuries to my dog, myself or any property of mine while my dog is participating in services provided by **HOME SWEET BONE**. I hereby release **HOME SWEET BONE** of any liability of any kind arising from my dogs participation in any and all services provided by **HOME SWEET BONE** .
3. I further understand and agree that any problems with my dog, behavioral, medical or otherwise, will be treated as deemed best by the staff of **HOME SWEET BONE** in what they view as being in the best interest of the animal. I understand that I assume full financial responsibility and all liability for any and all expenses involved in regards to the behavior and health of my dog.
4. **I further understand that there are risks and benefits associated with group socialization of dogs. I agree that the benefits outweigh the risks and that I accept the risk. I desire a socialized environment for my dog while attending services provided by HOME SWEET BONE. I understand that while the socialization and play is closely and carefully monitored by HOME SWEET BONE staff to prevent injury, it is still possible that during the course of normal play my dog may receive minor nicks and scratches from roughhousing with other dogs. Any injuries to my dog will be pointed out by staff upon pick-up.**
5. I understand by allowing my dog to participate in services offered by **HOME SWEET BONE**, I hereby agree to allow **HOME SWEET BONE** to take photographs or use images of my pet in print form or otherwise for publication and/or promotion.
6. I further understand that I am solely responsible, financially or otherwise, for any harm or damage caused by my dog while my dog is attending any services provided by **HOME SWEET BONE** .
7. I understand that if my dog is not picked up on time or by a date specified in a separate agreement, I hereby authorize **HOME SWEET BONE** to take whatever action is deemed necessary for the continuing care of my dog. I will pay **HOME SWEET BONE** the cost of any such continuing care upon demand by **HOME SWEET BONE**. I understand that if I do not pick up my animal, **HOME SWEET BONE** will proceed according to the guidelines provided by the state of Arkansas. I also acknowledge that I will be fully responsible for all attorney's fees and associated costs if I abandon my dog.

Signature of Owner _____

Printed Name _____ Date: _____

HOME SWEET BONE
DOG MEDICAL RELEASE FORM

*This is a required form for all participants receiving services

First and foremost, the safety and well-being of your pet(s) is of the highest importance. Insuring that your pet remains safe and well cared for is our first responsibility and as such we take it very seriously. We do our best to have our pet parents screen for pre-existing health conditions but some factors may be beyond our control.

In the event that a medical emergency arises while a pet is at our facility, or participating in a service that we provide, it is imperative that we are immediately able to get them medical treatment at the closest facility. We will call ahead to the veterinary office in closest proximity geographically to us to insure they can handle the emergency present. Your pet will be rushed for treatment and you will be notified. We notify the owner after we have secured a medical treatment center to avoid delays. Our goal is to get your pet medical attention as quickly as possible.

For that reason it is a requirement to have our pet parents sign this form.

If **HOME SWEET BONE** deems to need the immediate attention of a licensed veterinarian, I authorize **HOME SWEET BONE** to seek medical attention at the closest available veterinary facility. I further agree that I am financially responsible for any medical treatment my pet(s) receives as a result of a medical emergency while attending services provided by **HOME SWEET BONE**

Signature of owner: _____

Printed name: _____ Date: _____