



DOGSTOWN UNIVERSITY

GUEST INFORMATION SHEET

Please complete this form and bring it with you at check-in.

Owner's Name: _____

Preferred Accommodations: Small Mini Large Mini Large
 X-Large Super Suite Lounge
 Playroom Cat Condo

Pet Name(s)	Breed(s)
(1) _____	_____
(2) _____	_____
(3) _____	_____
(4) _____	_____

Additional Info: _____

Owner's Information

Name: _____

Address: _____

City/State/Zip Code: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Other: _____

E-Mail Address: _____

Emergency Contact Information

Name: _____

Relationship: _____

Address: _____

City/State/Zip Code: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Other: _____

Please list anyone who has permission to pick up your pet(s) other than the name listed above: _____

Veterinarian Information

Name: _____

Address: _____

City/State/Zip Code: _____

Phone: _____ Fax: _____

How did you hear about Dogstown University?

- Google
- Groupon
- Clipper Magazine
- Clipper Double Take Deals
- Drive By
- Word of mouth
- Family/Friend _____
- Postcard
- Advertisement (specify) _____
- Other _____

Pet Information

All information required prior to check-in.

Please complete a separate information sheet for each pet.

Pet Name: _____

Breed: _____

Color/Markings: _____ Approximate Weight: _____

Age: _____ Birthday: _____

Male Neutered: Yes No

Female Spayed: Yes No

All pets must be a minimum of 5 months old with up to date booster vaccinations. All pets 7 months old must be spayed or neutered before check-in.

Microchip/Other No.: _____

Company Name & Contact No.: _____

Current Vaccination Records (Required Prior to Check-in)

(Please provide month/date/year)

Dog:

DHPP: _____

Rabies: _____ (1 yr or 3 yr accepted)

Bordetella: _____ (6 mo or 1 yr accepted)

Fecal Exam: _____ (required every 6 months)

Other: _____

Cat:

FVRCP (Distemper) _____

FeLV (Leukemia): _ Rabies: __

Other: _____

Vet info provided by: Owner Veterinarian On file w/DTU

Medication Requirements (Additional charges apply – See price sheet)

Condition(s): _____

Name of Medication(s): _____

Allergies: _____

Special Instructions: _____

Flea, Tick and Heartworm Control:

Product Name

Date Last Given

Feeding Requirements:

Please bring your pet's own food, properly labeled with your pet's name. Each meal serving should be packaged in Ziploc baggies and labeled. No bags of food or large containers allowed. We recommend packing extra meals in the event your trip is extended. DTU will gladly provide food for an additional charge.

Brand of food: _____ Canned Dry

Number of feedings per day: ____ Time of feeding(s) AM: ____ PM: _____

Amount at each feeding: _____ for a total of _____ per day

Special instructions: _____

Notes:

Profile

How long has your pet been in your family? _____

Where did you obtain your pet? _____

Has your pet previously stayed overnight at a boarding facility? Yes No

Has your pet ever been crate trained? Yes No

Does your pet sleep in a crate at home? Yes No

Does your pet socialize with a large group of similar pets? Yes No

Describe your pet's temperament (mellow, calm, ball chaser, jumper): _____

What commands does your pet know? _____

How do you correct and/or discipline your pet? _____

Does your dog have any behavioral problems? Yes No

If so, please describe: _____

Does your pet have a problem with any type of animal, person or situation?

Yes No If so, please describe: _____

Does your pet have a physical/health condition that would merit restrictions on his/her activities? Yes No

If so, please describe: _____

Does your pet have any sensitive areas on his/her body? Yes No

If so, please describe: _____

Is your pet frightened by loud or any specific noises? Yes No

If so, please describe: _____

Does your pet have any history of biting, scratching, other? Yes No

If so, please describe: _____

Has your pet ever growled or snapped at anyone who has touched his/her food or toys?
Yes No If so, please describe:

Has your pet ever jumped over a fence? Yes No

By signing below, you confirm that the above information is correct and that you will provide updated information before future visits.

Signature: _____ Date: _____

GUEST STAY REQUIREMENTS & POLICIES

❖ Screening:

- All dogs must pass our temperament screening and physical exam prior to their first stay.
- All dogs must be well socialized, not protective of toys or space and non-aggressive.
- Please contact us for an appointment and allow 30 minutes for the screening.

❖ All dogs must be walked on our grass area before entering our lobby.

❖ All dogs must be restrained (on leash) before entering and departing our lobby.

- You must have a leash when you pick-up your pet.
- We enforce the local leash law

❖ Reservations:

- Please make a reservation for your pet's stay with us as far in advance as possible.
- Additional "holiday charge" per dog of \$16 (Applies to holiday only, not entire stay)
- Holidays: Easter, Memorial Day, 4th of July, Labor Day, Thanksgiving, Christmas, New Years

❖ Flea/Tick Prevention:

- All pets must be on a monthly topical flea and tick treatment. Please
- apply flea/tick protection at least 24 hours before arriving.
- If your pet is not on a preventative at the time of boarding or daycare we will provide "Frontline Plus" for a fee of \$20.00.

❖ Sick Pets:

- If your pet is sick, please take him/her to your veterinarian
- We reserve the right to refuse a visit if your pet arrives sick or flea-infested.
- If your pet gets ill while staying with us, we will either quarantine your pet until you can pick him or her up, or we will take your pet to a veterinarian, as we deem necessary. For your pet's safety, we recommend a 7 day waiting period after he or she has visited the veterinarian's office, dog park or any other day care or boarding facility.

LOBBY /BOARDING HOURS

❖ The lobby will be closed for naptime from 12 Noon-2 PM every day.

- There will be NO pick-up and drop off during those hours.

❖ Boarding Hours:

- **Check-In:**

- Monday - Friday - 7:00 am to Noon and 2:00 pm to 7:00 pm
- Saturday - 8:00 am to Noon and 2:00 pm to 4:00 pm
- Sunday - 2:00 pm to 4:00 pm

- **Check-Out:**

- Monday - Friday – 7:00 am to Noon and 2:00 pm to 7:00 pm
 - A \$10 late fee per dog will be charged for pick-ups after 7:00pm
 - Dogs not picked up by 7:30 pm will be boarded for the night and charged accordingly.
- Saturday – 8:00am to Noon and 2:00 pm to 5:00 pm
 - A \$10 late fee per dog will be charged for pick-ups after 5:00 pm
 - Dogs not picked up by 5:30 pm will be boarded for the night and charged accordingly.
- Sunday – between 2:00 pm to 5:00 pm
 - A \$10 late fee per dog will be charged for pick-ups after 5:00pm
 - Dogs not picked up by 5:30pm will be boarded for the night and charged accordingly.
- Check-out after 12 Noon will incur a \$16 daycare charge.

DAYCARE HOURS

❖ Daycare Hours: 7am to 7 pm

- Check-In
 - Monday thru Friday - 7:00 am to 10:30 am or after 2 pm for afternoon session
 - Saturday 8:00 am – 10:30 am
- Check-Out
 - Monday thru Friday
 - Mornings until 12 Noon
 - Afternoons 2 pm – 7 pm
 - A \$10 late fee per dog will be charged for pick-ups after 7:00 pm
 - Dogs not picked up by 7:30 PM will be boarded for the night and charged accordingly.
 - Saturday
 - Mornings until 12 Noon
 - Afternoon 2 pm – 5 pm
 - A \$10 late fee per dog will be charged for pick-ups after 5:00 pm
 - Dogs not picked up by 5:30 PM will be boarded for the night and charged accordingly.

Your dog has had a long day and is pooped...

Please be prompt in picking up!

Dated: _____

Signature: _____

Dogstown University Client Agreement

This is a contract between Dogstown University and Pet Owner(s)

1. Owner agrees to pay the rate for boarding, bathing, and daycare on the date the pet is checked out of Dogstown University.
2. Owner further agrees to pay all costs and charges for any and all services needed or requested, including, but not limited to, any and all veterinary costs for the pet during the time the pet is in our care, and any veterinary costs incurred due to the pet's stay. Owner further agrees that the pet shall not leave the facility until all charges incurred are paid to Dogstown University by owner.
3. Owner agrees that should the pet require medication, there will be additional charges based on requirements.
4. It is expressly agreed by the owner and Dogstown University that Dogstown University liability shall in no event exceed the lesser of current chattel value of a pet of the same breed or species or the sum of \$300.00 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 Dogstown University.
5. Owner specifically represents that he or she is the sole owner of the pet, free of all liens and encumbrances.
6. Owner specifically represents to Dogstown University the pet has not been exposed to rabies or distemper within a thirty (30) day period prior to any stay.
7. Owner agrees, if pet shows any signs of fleas or ticks during its stay that Dogstown University may bathe said pet and owner will be charged accordingly.
8. If pet becomes ill or if state of the animal's health otherwise requires professional attention, Dogstown University, in its sole discretion, may engage the services of a local veterinarian or provide appropriate medical attention to the animal and any and all expenses thereof shall be paid by the owner.

9. Owner is aware that by leaving said pet at Dogstown University, or any other pet facility, said pet is at a higher risk of contracting kennel cough or other viruses. Although all of the pets are required to be vaccinated, no vaccine is 100% guaranteed. There are some strains of kennel cough not covered by the bordetella vaccine. Owner understands he/she will be responsible for all medical bills incurred due to pet's illnesses.
10. Owner agrees that any behavior deemed dangerous, not safe or appropriate by Dogstown University staff may result in dismissal from the program.
11. I understand that I am solely responsible for any harm or damage caused by my dog(s) to persons or property of the Owners, employees, licensees, invitees of Dogstown University, or any other pets housed or visiting Dogstown University while my dog(s) is/are attending Dogstown University daycare or boarding.

Owner, his/her heirs and any assigns hereby release Dogstown University, its agents, officers, subcontractors, employees, animal owners, customers and potential customers of Dogstown University from any and all liabilities for injuries to his/herself, pet or any other properties of his/her which arise in any way out of services and/or products provided by or as a consequence of his/her association with Dogstown University. Owner acknowledges and understands that there are certain risks involved in pet ownership, training and care, including, but not limited to, dog and cat fights, dog and cat bites to humans and/or other pets and the transmission of disease. With owner's signature below, he/she understands the risk involved in putting his/her pet in a cage-less environment and acknowledge and accept exclusive and sole responsibility for all medical expenses to said pet no matter the cause. Owner also authorizes the release of said pet's medical records from pet's veterinarian.

This contract contains the entire agreement between the parties. All terms and conditions of this contract shall be binding on the heirs, administrators, personal representatives and assigns of the owner and Dogstown University.

By signing this contract and leaving pet with Dogstown University, owner certifies to the accuracy of all information given about said pet.

Date: _____ Signature: _____

This form must be signed, dated and returned to Dogstown University prior to pet's admittance.

VETERINARY CARE AUTHORIZATION

I, _____, (Owner), hereby authorize Dogstown University to seek and obtain veterinary care for my pet _____ in the event of a medical emergency, illness and/or injury. I understand that Dogstown University will attempt to notify me in the event of an emergency. I also understand that any veterinary costs incurred by Dogstown University for my pet are my sole responsibility. I authorize Dogstown University to charge such expenses to my credit card; otherwise I agree to reimburse Dogstown University for such expenses.

Signature: _____ Dated: _____
(Owner)

Print Name: _____



Dogstown University is proud to provide exceptional care for your pet while they are in our facility. We will gladly do everything your pet needs to continue with any medical maintenance needed during their stay. Please understand that although Dogstown University does all we can to ensure exceptional care, there are certain instances that are unavoidable. A pet's health and age determine factors that can be out of our control. We hope these instances never occur and want our clients to be aware that Dogstown University will care for your pet to the fullest of our capabilities but in the event that sickness or death occurs during your pets stay with us Dogstown University will not accept fault for any incidents or fatalities and will not be liable for any medical expenses.

Client Name: _____

Pet Name: _____

Client Printed Name: _____

Client Signature: _____

Date: _____

***The signee acknowledges ownership of said pet and accepts full responsibility for any incidents and or/fatalities occurred during their pets stay at Dogstown University.**

1807 SOUTH POWERLINE RD., SUITE B-19 • DEERFIELD BEACH, FL. 33441 • 954-422-5764
954-794-0299(FAX) • E-MAIL: DOGSTOWNUNIVERSITY@YAHOO.COM •
WWW.DOGSTOWNUNIVERSITY.COM

BATH AND OTHER SERVICES RATES

Baths

Dogs at play during regular day care do get dirty. We do not require departure baths, however, we recommend it. Please ask us about scheduling a bath.

Small Short Hair	(under 20lbs.)	\$24.95
Small Long Hair	(under 20 lbs.)	\$29.95
Medium Short Hair	(20-49 lbs.)	\$34.95
Medium Long Hair	(20-49 lbs.)	\$39.95
Large Short Hair	(50-99 lbs.)	\$44.95
Large Long Hair	(50-99 lbs.)	\$49.95
Extra-Large Short Hair	(100lbs. plus)	\$54.95
Extra-Large Long Hair	(100 lbs. plus)	\$59.95

Excessive Matting – additional		\$10.00
Flea Bath – additional		\$10.00
Nails Only		\$10.00
Teeth Brushing		\$ 5.00
Anal Glands	Externally	\$15.00
Ear Cleaning	Per Cleaning	\$ 2.00

Other Services

Flea Treatment (Frontline Plus) - per application	\$20.00
Extra brushing, blow drying between daycare sessions	\$10.00
Holistic House Food provided by Dogstown University	\$2.00 per cup

*MEDICATION ADMINISTRATION RATES

PILLS	\$3.00
INJECTIONS	\$10.00
EYE DROPS	\$3.00
EAR DROPS	\$3.00
CREAMS/OINTMENTS	\$2.00

*ALL CHARGES ARE PER ADMINISTRATION

Prices subject to change without notice

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EFFECTIVE FEBRUARY 1, 2013

BOARDING & DAYCARE RATES

DOG BOARDING

Small Mini Suite	\$60/Night
Large Mini Suite	\$65/Night
Large Suite	\$70/Night
Extra Large Suite	\$75/Night
Super Suite	\$75/Night
Extra Super Suite	\$75/Night
Canine Lounge	\$85/Night
Playrooms	\$90/Night

CAT BOARDING - Luxury 3 Level Condo
(Up to 2 medium or 1 large cat) \$31/Night

DISCOUNTS & EXTRAS

Additional pet(s) sharing same suite – 20% off nightly rate

All boarding rates include: Overnight stay, full day indoor and outdoor group play and walks, feeding your own food, real time streaming webcams, TVs and music in suite areas, bedding and fleece throws, plus lots more.

DAYCARE:

Full Day	\$31	(7 AM- 7 PM) Monday-Friday
Half Day	\$21	(7 AM- 12 PM) Monday-Friday
Extended Day	\$26	(7 AM- 2 PM) Monday-Friday

FULL DAY PACKAGES:

- 10 days - \$280 = \$28.00/day (savings \$30)
- 20 days - \$520 = \$26.00/day (savings \$100)
- 50 days - \$1250 = \$25.00/day (savings \$300)

HALF DAY PACKAGES:

- 10 days - \$190 = \$19.00/day (savings \$20)

EXTENDED DAY PACKAGES:

- 10 Days- \$235= \$23.50/day (savings \$25)

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