

Application Process

Fill out entire application. Please answer each question to the best of your knowledge. Incomplete applications will be returned to you for completion. Please retain pages 1 & 2 for your reference. We will photocopy pages 6 & 7 for your records and keep the originals.

Upon completion of the Application Packed, you may either return it in person or by mail. Our address is 17125 SR 9 SE Snohomish, WA 98296

Pass a compatibility evaluation - call to schedule appointment (360-668-0350) or we will call you when we receive your application.

Daycare Rates

One dog: \$20

Two or more dogs \$18 per dog

Pre paid day care package deals:

10 days = 10% off (one dog \$190, two dogs \$324)

20 days = 20% off (one dog \$320, two dogs \$576)

Transportation \$10 round trip. (Days and areas are limited)

Policies and Procedures

Age: Dogs at least 12 weeks of age are welcome provided they have completed their second set of puppy shots.

Application and Standard Agreement: All dogs must have a current, completed and approved Application with Standard Agreement with Waiver of Liability & Medical Information form with a current copy of vaccination records for their evaluation day.

Behavior: No dog may be aggressive or toy/food possessive. Owners certify that their dogs have not harmed or shown aggressive or threatening behaviors towards any person or other animal.

Hours of Operation: Daycare drop-off hours are 7-9 am, pickup hours are 4-7 pm, Monday through Friday. Other times can be arranged.

Collars, Harnesses, Leashes and Nametags: All dogs must be wearing a plain nylon or leather collar in either buckle or quick-release style. No metal, pinch, chain, beaded, studded or spiked collars are permitted. Harnesses are acceptable as long as a collar accompanies them. All dogs **must** be brought in on a leash. All dogs **must** be wearing an identification tag bearing at minimum the dog's name and a current working phone number.

Daycare closures: Memorial Day, Fourth of July, Labor Day, Thanksgiving eve, Thanksgiving day and the day after Thanksgiving and Christmas Eve until New Years Day we will be closed.

A Canine Experience Inc. Day Care. Dogs Name _____ Last Name _____ Date _____

Evaluations: All dogs must pass a compatibility evaluation to be scheduled by appointment.

Flea control: All dogs **must** be on a regular flea control program.

Health: All dogs must be clean, in good healthy and free of parasites. Owners certify that their dogs are in good health and have no had a communicable illness within the 30 days. Any dogs exhibiting signed of illness will be removed from the general daycare population for observation and will be separated until the issue has been resolved. In addition, if your dog has been ill, readmission must be approved by A Canine Experience Inc. Fecal exams will be required with any display of diarrhea.

Medication: We are happy to give oral or topical medications to your dogs with necessary.

Nail trimming: For an additional charge we would be happy to trim your dogs toesies.

Pick up/Drop off: Owner must provide written authorization for any other person(s) to pick up or drop off their dog. Anyone authorized to do so must be prepared to show valid picture ID to ensure your dog's safety. Pick up and Drop off must occur during our posted business hours.

Risks: Owners acknowledge and understand that off-lease interaction between our guests is encourage. You are also acknowledging that dogs can be unpredictable in behavior and are aware of the risks inherent in such an environment, and assume all risks.

Spay/Neuter: All males over 1 year must be neutered, no females when in season.

Vaccinations: All vaccinations are the responsibility of the dog owner. All dogs must be up to date on their vaccinations (including Rabies) by six months of age, according to their vet recommendations.

What to Bring: When your dog is going to be attending daycare, please bring your dog in a well-fitted collar on an appropriate leash.

Please note: Our policies procedures, rates and services are subject to change at any time. While we will attempt to notify our clients of any changed, it is your responsibility to routinely check our website for current policies, procedures, rates and services. We reserve the right to refuse service to anyone at our sole discretion.

Daycare Application

Owner Information

Name _____ Date _____
Address _____ City _____ Zip _____
Home phone _____ Day phone _____ Cell _____
2nd phone _____ Day phone _____ Cell _____
Email address _____

Anyone else authorized to pick up or drop off your dog and their relationship to you:

A Canine Experience Inc. Day Care. Dogs Name _____ Last Name _____ Date _____

Preferred method of contact Home phone Work phone Cell Email

Emergency Contact (other than yourself or your spouse) _____

Phone _____ Alternate phone _____

Dog's Information (General)

Dog name _____ Breed _____

Color _____ DOB _____ Sex M F

Spayed/Neutered _____ Weight _____

Is your dog micro chipped? _____ Company _____

Does your dog have any food or treat allergies? _____

Has your dog attended daycare before? _____

What is the main reason you have chosen daycare for your dog? _____

If your dog becomes ill, injured or otherwise needs immediate medical attention, where would you like them to be transported? your vet a vet of our choice

If your dog becomes injured or ill but does not need immediate medical attention, would you prefer that we: Contact you immediately Notify you at pick-up

Dog Information (Behavior)

What are your dog's favorite activities? _____

(Please check all that apply):

Fearful of specific types of people, dogs, animals or situations? _____

Allowed to run free in the home _____

Allowed to run free in fenced yard _____

Has jumped over fence in yard _____ How high? _____

House broken crate trained Escape artist

People aggressive _____

Food possessive _____

Mouthy/bites _____

Separation anxiety _____

Runs away/timid/shy _____

Destroys furniture _____

Does not obey _____

Marker _____

Has your dog ever growled/snapped at anyone for taking food or toys away?

yes no If yes, please explain _____

A Canine Experience Inc. Day Care. Dogs Name _____ Last Name _____ Date _____

How does your dog react when strangers approach your home/yard or when out in public?

Is your dog afraid of any types of dogs? Please explain: _____

How does your dog react to puppies? _____

Has your dog ever growled at or show aggressive behavior towards anyone (animal or human?)

What commands does your dog know and consistently obey? If you use a different word, please specify.

Sit Down Stay Come Drop It Leave it Off Quiet Go Potty Other:

Medical Information

For the protection of our clients, we require up to date vaccinations. Please have your veterinarian complete this form and submit it with your completed application.

Dog name: _____ Owner name _____

Veterinarian name: _____

Clinic name _____

Address _____

Phone _____ Fax _____

Are there any physical problems or disabilities that may affect them in daycare? _____

Is the dog currently on any medications? If yes please list medication, reason, dosage and frequency _____

Vaccinations dates:

Rabies _____

Bordatella _____

DHLPPC _____

Allergy information _____

Has the dog had fleas or ticks within the last 12 months? _____

Is the dog on a flea or tick prevention program? _____

Has the dog had any surgeries? _____

I hereby certify that the dog named above is current on all vaccinations or titers. I certify that to the best of my knowledge, this dog is in good health and has not had any communicable illness within the past 30 days.

Signature _____ **Date** _____

Standard Agreement

I, _____ the undersigned owner of a dog named _____, do hereby release, indemnify and forever hold harmless A Canine Experience Inc, it's employees, officers, investors, agents, subcontractors, customers, visitors, and guests from any and all liabilities (including attorney's fees) arising out of or connected to injuries, illness, loss, damage or other harm to myself, my dog, my property and my guests and invitees which arise in any way out of services and/or products provided by or as a consequence of my association with A Canine Experience Inc.

I acknowledge that animals are unpredictable in behavior, and I understand that injuries to my pet, my guests and myself might reasonably be foreseen to result from my dog's attendance and participation with A Canine Experience Inc. I understand that A Canine Experience Inc will make every attempt to care for my pet in an environment which is safe and healthy, but that enrollment raises certain risks, including injuries, death, escape, illness, parasites, natural disasters, the unavailability of emergency medical care, the negligence or deliberate acts of third parties, and other dangers which may be beyond A Canine Experience Inc's ability to fully assess and control, due diligence and care having been exercised. _____ **initial**

I the undersigned owner, hereby designate A Canine Experience Inc to act in my name for the emergency medical benefit of my pet. Should my pet become ill or seem to be in need of medical attention, A Canine Experience Inc reserves the right to administer aid and or make use of a licensed veterinarian. Any expenses incurred shall be my (the owner of the pet) responsibility in addition to other fees incurred for services provided at or by the daycare. By signing this agreement, I authorize any and all emergency care deemed necessary by a licensed veterinarian. _____

I agree to bear any and all damages, losses, liabilities, demands and expenses, including legal and professional fees A Canine Experience Inc. may incur as a result of any damage caused by my pet, and I agree to defend, and hold A Canine Experience Inc. harmless from any liability thereon.

I hereby certify and represent that my dog is in good healthy and has not been ill with any communicable condition within the last 30 days. I also represent that my pet is current on its vaccinations for Rabies, Bordatella and DHLPPC. I further certify that my dog has not harmed or shown aggressive or threatening behaviors toward any person or animal. _____

I understand that A Canine Experience Inc has the right to refuse use of their facilities or to rescind attendance rights for dogs who, in A Canine Experience Inc's sole discretion, act aggressively, are undisciplined, exhibit inappropriate behavior or who might otherwise pose a danger to themselves, other animals or people. I certify and represent that all of the information provided to A Canine Experience Inc in writing or otherwise relating to myself and my dog is true and correct; and that I have disclosed and all pertinent information, including any personality traits, behavioral problems, etc and will notify A Canine Experience Inc of any changes in my pet's behavior as well as any actual or possible health conditions which could affect the health or safety of the other dogs in their care.

A Canine Experience Inc. Day Care. Dogs Name _____ Last Name _____ Date _____

I agree that my name and the likenesses of my family members and my dog may appear on A Canine Experience Inc's website, advertising, printed materials, promotional video, news programs, and/or other press, magazine, radio, television and/or internet coverage at any time, with or without prior notification. I represent that I am the sole owner or agent of the owner of the day and that I am authorized to sign this contract. I will immediately notify A Canine Experience Inc of any changed to the information I have represented above. _____

I understand that this Agreement contains a release of liability and standard agreement between A Canine Experience Inc and myself and I am signing this agreement of my own free will.

Owner signature _____	Date _____
Owner signature _____	Date _____
Staff signature _____	Date _____