

# Daycare Registration Packet

www.bowwowboutiquems.com



Welcome to the Bow Wow Daytime Retreat

We are extremely pleased that you have chosen to use our facility for your dog's daytime play center and training needs. We are confident that you will find our services to be one of a kind.

To schedule the initial evaluation, please call 662-783-2275. There is a one-time non- refundable registration fee that is due when you book your evaluation appointment.

Please arrive to your evaluation 10 minutes early to fill out any data forms that we may need. Initial evaluations are scheduled at specific times of the day in order to maintain a structured day for the dogs and ensure that we have time for their scheduled activities. If you are running late, please give the office a courtesy call so that we can hold your spot or reschedule for a different time. If you are more than 15 minutes late, we will need to reschedule.

Enclosed is your Registration Packet for the retreat services. **Please fill out this packet completely before your scheduled evaluation.** At the evaluation, a member of our staff will review the materials with you and answer any questions you may have.

This Registration Packet includes:

- Service Agreement- please sign and date
- Client Information Form- please fill out in its entirety
- Daycare Application- please fill out a separate form for each dog that will be attending.
- Emergency Contact & Vet Authorization Form- please sign and date
- Credit Card Authorization Form- this form is optional for credit card processing
- Photo and Social Media Release Agreement

In addition, please provide a copy of your dog's most current vaccination records. Vaccinations should include Rabies, Bordatella and Parvo/ Distemper vaccinations. We also need proof of flea/tick prevention and de-worming history. This information is needed prior to your evaluation appointment.

We want to ensure your evaluation goes smoothly and that your experience with Bow Wow Daytime Retreat is a positive one. The day of evaluation, the evaluator will provide you with additional materials about our policies, procedures, tips and advice on dog behavior and more information about our other services.

Hannah Bickers, Daytime Retreat Manager M-F mornings Heather Cooksey, Boutique and Daytime Retreat Manager M-F evenings



### Service Agreement

This DOG DAYCARE AGREEMENT ("Agreement") is made this $\_$	day of, 20, by and between
Bow Wow Boutique and Daytime Retreat ("BOW WOW") and	(hereinafter known as
"Pet Owner"). WHEREAS, Bow Wow wishes to provide dog dayo	are and Pet Owner wishes to accept such service on the
terms and under the conditions recited below; the Parties, inten	ding to be legally bound, hereby agree as follows:

- 1. Prices for Services are detailed in our Services & Pricing Guide. Prices are subject to change. Payment for all services is required in advance. Cash, check, and credit card payments are accepted.
- 2. BOW WOW reserves the right to not accept a dog into daycare for any reason. All rules of the center are subject to change at the sole discretion of BOW WOW.
- 3. BOW WOW agrees to provide a cageless, off-leash environment for your dog to exercise and socialize with other dogs and our staff during daycare hours.
- 4. Pet Owner certifies that he/she is the actual owner of the dog, or is the duly authorized agent of the actual owner whose name is entered above.
- 5. Pet Owner represents and warrants that a) the dog is free of any infectious disease; b) the dog is current on all vaccinations, including DHPP (Distemper, Hepatitis, Parainfluenza, Parvo), Bordatella, and Rabies; c) the dog is free of contagious parasitic problems, whether internal or external (including fleas & ticks), and is free of any contagious skin disorder; d) the dog has not bitten or exhibited other aggressive behavior towards any person or animal except as has been disclosed to BOW WOW on the Daycare Application. Pet Owner agrees to update and/or supplement this information and the information provided in the Daycare Application as necessary and to inform BOW WOW of any changes with regard to any of Pet Owner's dogs.
- 6. All dogs participating in dog daycare must be spayed or neutered if over 6 months of age (unless Pet Owner obtains a written exception from BOW WOW).
- 7. Pet Owner is aware that the BOW WOW center is a cageless daycare facility, and is aware that there is inherent risk of illness and injury when dealing with animals.
- 8. In the event that your dog becomes ill or injured while in the care of BOW WOW we will attempt to contact you. If you are not available, we will contact Advanced Pet Care, or if you use another veterinary clinic, we will attempt to contact your veterinarian. At the discretion of BOW WOW, your dog may be taken to Advanced Pet Care or Emergency Vets. It is understood that all expenses incurred due to your dog's illness or injury are the sole responsibility of the Pet Owner. Any expenses due BOW WOW are to be paid in full at the time that you pick your dog up from BOW WOW. We

will not bill you or accept partial payment. Pet Owner authorizes BOW WOW and its representatives to obtain medical treatment for the dog, in the event of an illness or injury.

9. TO THE MAXIMUM EXTENT PERMITTED BY LAW, Pet Owner agrees to release and hold harmless BOW WOW, its members, owners, directors, officers, agents, and employees, and the lessor of the premises (collectively "BOW WOW" in this section) from any and all liability for any injury or illness (including death or disappearance) suffered by Pet Owner's dog(s) while in BOW WOW's care. Pet Owner further agrees to indemnify, defend, and hold harmless BOW WOW from and against any and all losses, liabilities, damages, claims, and expenses (including attorney's fees) arising or resulting from: a) any breach of the representations, warranties, or covenants contained in this Agreement, and b) any acts or behavior of the Pet Owner's dog(s) while in the care of BOW WOW including injury to staff or other persons, animals, or property damage. In no event shall BOW WOW be liable for special, consequential, exemplary, or punitive damages.

### 10. Dispute Resolution:

- **A.** Good Faith Negotiation Required: In the event either party to this Agreement alleges the existence of a dispute or claim arising under or related to this Agreement, the parties shall be required to exercise good faith efforts to resolve the alleged dispute or claim prior to engaging in any other form of dispute resolution (i.e., mediation, arbitration, or other legal action).
- **B.** Written Notice Required: As a prerequisite to seeking any other form of dispute resolution (i.e., mediation, arbitration, or other legal action), either party to this Agreement alleging the existence of a dispute or claim arising under or related to this Agreement must first provide the other party with detailed written notice of the alleged claim or dispute. The detailed written notice must be sent to the other party via certified mail, return receipt requested. The party alleging the claim or dispute must then allow the other party fifteen (15) business days from the date of receipt or refusal of the certified written notice before seeking any other method of dispute resolution (i.e., mediation, arbitration, or other legal action).
- **C. Mediation**: If the parties are unable to resolve the alleged dispute or claim *after* Written Notice has been provided as specified hereinabove and *after* the expiration of the fifteen-day waiting period specified hereinabove, then Mediation shall be required before either party may seek any other form of dispute resolution. Any Claim or Dispute arising out of or related to the Agreement shall be subject to Mediation as a condition precedent to any other form of dispute resolution (i.e., arbitration, or other legal action). To initiate Mediation, the parties must exercise good faith efforts to agree on a disinterested Mediator to conduct the Mediation of the dispute/claim. If the parties are unable to agree on a Mediator, the parties shall each submit to one another the name of a proposed Mediator, and these proposed Mediators shall then choose and agree upon a third party, disinterested Mediator to conduct the Mediation.
- D. Mandatory Binding Arbitration: In the event the parties are unable to resolve the alleged dispute or claim after performing all of the prerequisite dispute resolution methods stated hereinabove (i.e., Written Notice, followed by Mediation), the dispute shall be resolved by binding Arbitration. The parties hereby specifically, knowingly and voluntarily choose Arbitration as the final means of dispute resolution for any claims or disputes arising under this Agreement, and the parties specifically, voluntarily, and knowingly waive any right they may otherwise have to filing a legal action in any other court of competent jurisdiction. The parties specifically waive any right to a trial by judge or jury, and instead agree that Arbitration shall be the sole means of final dispute resolution. Any Arbitration of disputes or claims arising under or related to this Agreement shall be conducted in accordance with the Rules of the American Arbitration Association, by an Arbitrator appointed by the American Arbitration Association to preside over the claim/dispute. The parties may only utilize a method of dispute resolution other than Arbitration if both parties expressly and specifically agree in writing to forgo arbitration regarding a specific dispute, and to instead proceed in a court of competent jurisdiction.
- **E.** Choice of Law: Mississippi law shall govern all disputes or claims arising under or related to this Agreement, and shall be deemed to be the Choice of Law for any and all such disputes. The parties agree that any dispute resolution

method described hereinabove (whether mediation, arbitration, or other legal proceeding) shall take place in Lamar County, Mississippi, unless otherwise agreed to by the parties.

- 11. This Agreement sets forth the entire agreement between the Parties with regard to the subject matter hereof. This agreement may be modified, superseded, or voided only upon the written and signed agreement of all the Parties.
- 12. Severability: The parties hereby agree and understand that if any portion of this Agreement is deemed by a court of competent jurisdiction (or by the appointed arbitrator) to be invalid, unenforceable or illegal, then any such portion shall be severable from the remainder of this Agreement, and all other provisions of this Agreement shall remain in full force and effect.
- 13. Pet Owner represents that the information in the Dog Daycare application and all other information provided to BOW WOW in connection with Dog Daycare is true and accurate, and that BOW WOW is reasonable to rely on the accuracy of said information.

I have read and understand the	e terms set forth above. I agree to abide by all the terms, conditions and statements of
this Dog Daycare Agreement.	This Agreement is valid from the date below.

Signature:	Print Name:	Date:
		•



# **Client Information**

**Primary Owner** 

It is important you provide all of the information below so that we have the correct contact information on file. Please note, Bow Wow Boutique and Daytime Retreat uses email to send invoiced and confirmation of reservations or cancellations. Please be sure to provide a valid email address. If any of the information below changes, please contact our office so we may update your records.

# First Name: \_\_\_\_\_\_ Last Name: \_\_\_\_\_\_ State: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ Please circle the phone number that is best to reach you during business hours: Home: \_\_\_\_\_ Work: \_\_\_\_ Cell: \_\_\_\_\_ Cell: \_\_\_\_\_ Secondary Owner (authorized to schedule service and make decisions regarding the care of your pet) First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Address \_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ Please circle the phone number that is best to reach you during business hours: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_ Email

Address:



# **Daycare Application**

		- •	
Pet	Into	rmation	۱

Dog's Nar	ne: Breed:	M / F Altered: Y / N Birthday:	
How did y	ou hear about us?		
Do you ad	Iminister monthly flea and tick and he	artworm prevention? Y / N Date given:	
How muc	h does your pet weigh?		
Rabies:	Bordetella:	DHPP: Deworm:	
		nditions?	
Does you	r pet like children? Y / N Strangers?	Y / N Puppies? Y / N	
Does you	r pet play with toys? Y / N If yes, wha	at is favorite toy?	
Does you	r pet shred toys, pull stuffing out or de	estroy beds? Y / N	
Has your <sub>l</sub>	pet had any formal obedience training	g? Y / N If yes, when and where?	
What else	would you like to tell us about your p	pet?	
	Il Information		
		d with other pets? ( dog parks, other daycares)	
1.	now often has your per interacted	with other pets: ( dog parks, other dayeares)	
2.	Has your dog ever growled or snap	pped at anyone over his/ her food or toys? Y / N	
	Has your pet ever shared food or t	•	
4.	4. Is your dog afraid of anything such as loud noises, thunderstorms, men?		
5.	Are there any other triggers we share there?	iould know	
C	about?	ulin or attacked any namen or an inval 2 V / N	
		skin, or attacked any person or animal? Y / N	
7.	us?	re any background knowledge you can share with	
0	Is your dog familiar with any comr	1.2 1/11 2	



# **Emergency Contact and Vet Authorization**

Your emergency contact should be someone local and someone that, in the event of emergency, <u>has access to your</u> home.

Cell:	Home:		Work:
	<u>Vet</u> !	Information and Relea	ase_
Vet Clinc:			
Address:		City:	State:
Zip:			
Phone:			
medical treatment for	my pet. I understand that the situation permits how	every effort will be mad	d Daytime Retreat will seek appropriate de to take my pet to the vet clinic specified on the authority to the authority to
Furthermore, I agree to veterinary fees and all		outique and Daytime Ret	reat within 14 days of incident for all
This release does not e	expire and will remain vali	d for future Bow Wow B	Boutique and Daytime Retreat services.
Signature			Date
Printed Name			



# **Credit Card Authorization Form**

I authorize Bow Wow Boutique and Daytime Retreat to automatically charge the credit card, listed below, as payment for invoices for any and all future service. I understand that Bow Wow Boutique and Daytime Retreat will provide me with an invoice either by US Mail or email disclosing the amount of charges.

Client Information		
Name (as it appears on card)		
	City	<del></del>
Zip		
Contact Number	work / cell / home (please	circle)
Email Address		
Credit Card Information		
Account Number		
Expiration Date		
Security code(3	digits on back of card)	
Visa / Mastercard / Discover / American	Express / Debit (please circle)	
I understand that this information will be	e retained on file for any future invoice charg	es. If you would like to change
your credit card information, you will ne	ed to submit a new form to our office.	
Signature	Date	
Printed Name		



# Photo and Social Media Release

I hereby grant Bow Wow Daytime Retreat, its representatives and employees the right to take photographs of my pet in connection with the above-identified subject. I authorize Bow Wow Daytime Retreat, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Bow Wow Daytime Retreat may use such photographs of my pet with or without my name and for any lawful purposes, including for example such purposes as publicity, illustration, advertising, and Web content. I have read and understand the above:

Signature	
Printed Name	
Addresss	
Date	
Signature, parent or guardian	(if under age 18)