



The Whole Pup
21010 70th Ave W
Edmonds, WA 98026
425-776-3083

The Whole Pup Boarding and Day Care Form

If boarding two or more pups, do you want them to board together? Yes No

Boarding and Day Care Requirements

- 🐾 The Whole Pup requires all dogs to be current on Distemper, Hepatitis, Parvo, Parainfluenza, Leptospirosis, **Bordetella (every 6 mo.)** and Rabies vaccines. We also require a **Negative Fecal test (every 6 mo.)**. A copy of proof of such vaccines and preventative tests must be submitted prior to your dog's first day of day care.
- 🐾 Keeping your dog current on Bordetella will help to prevent kennel cough in dogs. However, please be aware that the Bordetella vaccination does not prevent all upper respiratory diseases. We take every precaution to keep your pet healthy by requiring all dogs be vaccinated and that they be kept at home if they are showing any signs of sneezing, coughing, vomiting, diarrhea and eye or nasal discharge.

Day Care Only:

- 🐾 All dogs are required to attend a 4 hr. assessment – (trial day) prior to their first day of day care. Please plan on being available to pick up your pup at any time during the trial day assessment. The cost of the trial day is \$15.00.
- 🐾 Day care pre-paid packages are non-refundable.

Boarding Requirements:

- 🐾 Enrollment Application
- 🐾 Deposit (Boarding only)
- 🐾 Signed Veterinary Release form or A current copy of all shots records, including Bordetella (Kennel Cough) and Negative Fecal
- 🐾 Your dog must be spayed or neutered if over 1 year old
- 🐾 Food, Special Treats, Medication, Toys, Other personal items that will make your pup's stay as pleasant as possible.

Payment in full is required upon pickup of your pup. If pickup is on a Sunday, payment is due at time of drop off. The Whole Pup accepts Cash, Check, Visa, MC and Discover. A \$75 deposit is required before a Condo/Kennel can be reserved. The deposit will be applied to the total boarding cost. **Boarding deposits are non-refundable if cancellations are made 14 days or less of scheduled reservation.**



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Important Information

The Whole Pup reserves the right to refuse day care/boarding your pup for any reason with or without notice. While every staff member at The Whole Pup loves all dogs of every shape and size; for the safety and well-being of the pups in our care our insurance provider prohibits day care/boarding of dogs from certain breeds. Those breeds include but are not limited to Pit Bull & American Staffordshire Terriers, Akitas, Rottweilers, Chow Chows and Bull Mastiffs.

The Whole Pup requires that all dogs be on monthly flea prevention such as Advantage, Frontline, Program, Sentinel or Trifexis. If fleas are found on your dog at any time, we will give your pup a CAPSTAR tablet at your cost.

In case of a medical emergency that requires more than first aid, your pup will be transported to Veterinary Specialty Center, Phone: 425-697-6106. You will be contacted as soon as possible regarding your pup's health.

All emergency veterinary services incurred will be charged to you at the time of pick-up.

Signature

Date



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About You

Name: _____
Address: _____ City _____ Zip _____
Home Phone: _____ Cell: _____
Work: _____ Email: _____
Local Emergency Contact: _____ Phone: _____
Names of anyone other than you authorized to pick up your pup (must show photo I.D.)

How did you hear about The Whole Pup?

Friend News Paper Phone Book Internet Other

Name of Friend _____

About your Pup

Name: _____ Breed: _____ Male Female

Birth date: _____ Spayed/neutered? Yes No

Markings/coloring: _____

Where did you get your pup? _____

How old was your pup when you got him/her? _____

Has your pup attended a training class? Yes No

If yes, when and where _____

Have you boarded your pup before? Yes No If yes, where? _____

Reason for current boarding _____

Your Pup's Health

Food (Brand): _____ Amount _____ Frequency _____

Vet's name _____ Phone _____

Does your pup have any allergies? Yes No if yes, please describe _____

Does your pup have a sensitive stomach? Yes No if yes, please describe _____

Please list any medications your dog is taking and dosing schedule: _____

Has your pup had any of the following in the last 90 days?

Mange Vomiting Fleas Ear mites Parvo Virus Diarrhea

Kennel cough Conjunctivitis (eye infection) Intestinal parasites Blood in stool or urine

Oral Papilloma Worms (type) _____

Any conditions we should be aware of (example: deaf, hip dysplasia, diabetic, seizures)? _____



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Your Pup's Schedule

Typical Wake Time _____ Typical Bed Time _____

(Please note while boarding all pups will have lights out at 9:30 bed time is at 10 p.m.)

Nap time _____ Favorite Toy _____

Favorite Activity _____ Daily routine _____

Crate Trained _____

Please provide additional information you feel necessary to ensure the well-being of your pup and others. _____

Known cues: Sit Down Stay Come Drop it Leave it Off

Other cues, tricks or commands: _____

Any training or behavior challenges? _____

Has your pup ever bitten a person or another dog? Yes No

If yes, please describe in detail _____

Your Pup's Personality (circle all that apply)

Afraid of noises

Aloof

Anxious

Bold

Confident

Defiant

Does not like Strangers

Doesn't Listen

Eats Rocks/Feces

Escape Artist

Fearful

Fearless

Food Aggressive

High Energy

Ignores Me

Immature

Inconsistent Response to Obedience Cues

Independent

Jumps on People

Likes Dogs

Likes People

Likes to be Brushed

Mature

Mellow

Needy

Obedient

Playful

Possessive

Prefers Big or Small Dogs

Protective

Pushy

Reluctant

Reserved

Restless

Separation Anxiety

Shy

Skittish

Stand-Offish

Timid

Unpredictable

Unsure



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Observed Behaviors (circle all that apply)

- | | | |
|-----------------------------|------------------------------------|---------------|
| Humping Dogs | Humping People | Ears Flat |
| Head Held Low | Tail Between Legs | Hiding |
| Shaking | Submissive Urination | Exposes Belly |
| Rolls on Back to other Dogs | Rolls on Back to People | Follows Human |
| Barks | Growls | Snarls |
| Snaps | Chews on Crates/Fences/Gates/Doors | |

Others not listed? List them here:

Please give brief description of your pups socialization history-example have they played with other pups since they were a puppy?

When alone does your pup tend to / display signs of:

- | | | | | | | | |
|---------------------|--------------------------|--------------------|--------------------------|-------------------------|--------------------------|-----------------------------|--------------------------|
| <u>Chew</u> | <input type="checkbox"/> | <u>Dig</u> | <input type="checkbox"/> | <u>Bark</u> | <input type="checkbox"/> | <u>Cry or Howl</u> | <input type="checkbox"/> |
| <u>Soil indoors</u> | <input type="checkbox"/> | <u>Nervousness</u> | <input type="checkbox"/> | <u>Loss of appetite</u> | <input type="checkbox"/> | <u>Increase of appetite</u> | <input type="checkbox"/> |
| <u>Other</u> | <hr/> | | | | | | |



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TERMS AND CONDITIONS

DAYCARE

A Daycare Application must be completed and signed by all owners of the dog and returned to The Whole Pup before attending daycare. Copy of all vaccines from your veterinarian is required prior to your pup attending daycare. A fecal exam and Bordetella vaccine (kennel cough) is required prior to the first day in daycare and every six (6) months thereafter. Results of the fecal test must be supplied to The Whole Pup in a timely manner or daycare privileges may be suspended. All dogs must be on a leash when arriving and leaving the facility and must have a nylon, cloth or leather collar on while in daycare. **NO choke chains or prong collars are allowed while in daycare.** NO rawhide chews are allowed at any time. Any meals or medications must be supplied by the dog owner. Please place them in a plastic bag or container with their name (first and last name) on the outside and be sure to give special instructions in writing attached to the container. Food, treats and medications will need to be brought with you each daycare day and taken home each night. Only socialized dogs are allowed to participate in daycare. Any signs of aggression toward another dog or person will terminate their daycare privileges. Due to restrictions by insurance companies, certain purebred breeds are not allowed to participate in daycare.

BOARDING

A Boarding Application must be completed and signed by all owners of the dog and returned to The Whole Pup before boarding. The Veterinary Exam form must be completed by a licensed veterinarian no more than 14 days prior to your dog(s) first boarding day and received by The Whole Pup via US mail, in person or by fax prior to your dog's stay. For returning boarders, a veterinary exam including a new fecal exam is required every 6 months. All boarding dogs must have a nylon, cloth or leather collar. **NO choke chains or prong collars are allowed.** All dogs must be on a leash when arriving or leaving the facility. Please supply ample amounts of food for your dog's stay PLUS 3 days extra for good measure. For those dogs that are not supplied ample food for their stay, The Whole Pup will purchase additional food and bill you the total cost including a pick up fee of \$6. Toys may be brought from home for your dog's comfort, but please limit to no more than three (3) items. NO rawhide chews or devour-able items will be allowed to protect your dog from choking. You may bring one item of clothing with your scent for your dog's room. The Whole Pup will not be responsible for the destruction of any items brought with you for your dog.

PAYMENT

Boarding - A deposit of \$75.00 is required for boarding dogs at the time the reservation is made and is nonrefundable if a cancellation is received less than 14 days (or 30 days for major holidays, including New Years Day, Memorial Day, 4th of July, Labor Day, Thanksgiving and Christmas) prior to 6:30am on the first reserved boarding day. For stays less than three (3) days, payment in full in advance upon arrival is required in lieu of deposit. Prepayment is required for the total number of days your dog will be staying at The Whole Pup plus any extras you have requested when you check your dog in for boarding. Any additional charges while in our care must be paid in full before your dog will be released to you. Charges for your dog's stay are due upon arrival for boarding. All NSF checks will be assessed a \$40.00 handling fee.

Daycare Only - All dues must be paid in full either at time of drop off or pick up before your pup will be released to you. There are no exceptions, so please be sure you are current with your payments. Cancellation of your dog's daycare day must be given at least 24 hours prior to 6:30am on the scheduled day or you will be charged for a full day of daycare. Dog's that do not show or call for cancellation more than 2 consecutive scheduled days will be removed from the reservation list and may forfeit their spot in daycare as well as incur normal daycare charges. All NSF checks will be assessed a \$40.00 handling fee. If your check is returned as NSF, we will then charge your credit card for the amount owed plus the \$40.00 NSF fee.

ADDITIONAL CHARGES

All dogs, whether boarding or daycare, will be checked for flea infestation. The Whole Pup reserves the right to give each dog that is boarding a CAPSTAR™ tablet and charge the client \$10 for each tablet deemed necessary by The Whole Pup. Dogs attending daycare only are required to be on a monthly flea control program.

LATE CHARGES

Boarding - Check-out time at The Whole Pup is 12 NOON. Pick-up made after 12 NOON will be charged an additional *half day daycare fee*. Hours of operation are subject to change.

Daycare Only - Late charges are \$10.00 for every 30 minutes past closing. Late charges must be paid at the time of late pick up. If your dog has still not been picked up by 7:00pm he/she will be bedded down for the night and full overnight charges will be assessed and must be paid before your dog is released to you. Your dog may be picked up the following morning after 6:30am (8:00am Saturday or Holidays) but before 12:00pm to avoid additional charges. Dogs not picked up seven days or more after scheduled departure date will be considered abandoned and will either be taken to a local animal shelter or placed with another family to care for the dog(s). Hours of operation are subject to change.

The Whole Pup reserves the right to refuse any services for any dog, at any time and for any reason.

PLEASE READ CAREFULLY BEFORE SIGNING

VETERINARY CARE

Any dog, whether in daycare or boarding, may need immediate attention by a veterinarian while at our facility. If any such occurrence arises with your dog, we will seek medical help from a Washington State licensed Veterinarian of The Whole Pup's choosing and you will be billed for the full costs incurred for the treatment of your dog.

Initial: _____

RELEASE OF LIABILITY

I/WE AGREE TO PAY PROMPTLY, IN FULL, AT TIME OF PICK UP OF SAID PET, ANY AND ALL CHARGES INCURRED BY THE WHOLE PUP. I/WE ALSO GIVE PERMISSION TO ANY VETERINARY CARE CENTER OF THE WHOLE PUP'S CHOICE TO TREAT OUR PET AS DEEMED NECESSARY FOR THE PET'S HEALTH AND WELL-BEING AND WILL BE SOLELY RESPONSIBLE FOR PAYMENT OF ANY CHARGES INCURRED FOR SUCH CARE AND TREATMENT.

I/WE CERTIFY THAT ALL OWNERS OF SAID PET NAMED ON THE FRONT OF THIS FORM ARE LISTED AND HAVE READ, FULLY UNDERSTAND THE ABOVE TERMS AND CONDITIONS AND AGREE TO RELEASE THE WHOLE PUP, IT'S OWNERS AND EMPLOYEES FROM ALL LIABILITY SHOULD ANY ILLNESS OR INJURIES, MILD OR SEVERE, BE INFLICTED UPON OR SUSTAINED BY MY/OUR PET WHILE IN THE CARE OF THE WHOLE PUP. MY/OUR SIGNATURES ON THIS FORM ARE PROOF OF OUR ACCEPTANCE TO ALL OF THE TERMS AND CONDITIONS ABOVE AND THE RELEASE OF LIABILITY CLAUSE. SIGNATURES ARE REQUIRED BEFORE ANY SERVICES WILL BE RENDERED BY THE WHOLE PUP. THIS AGREEMENT HAS NO TIME LIMIT AND IS VALID AND ENFORCEABLE FOR ANY AND ALL FUTURE STAYS FOR OUR PET(S) AT THE WHOLE PUP.

Owner's Signature	_____	Date	_____
Owner's Signature	_____	Date	_____
Owner's Signature	_____	Date	_____
Owner's Signature	_____	Date	_____



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THE WHOLE PUP PET CARE AUTHORIZATION

Name: _____
Address: _____ City _____ Zip _____
Home Phone: _____ Cell: _____
Work: _____ Email: _____
Pet's Name: _____ Breed: _____ Male Female
Age: _____ Spayed/neutered? Yes No
Markings/coloring: _____
Vet's name _____ Phone _____

I, _____ (the "Client") authorize The Whole Pup ("TWP") to obtain medical care, test results, medical records and/or prescriptions for the above named Pet. I will be responsible for any expenses incurred while my Pet is in TWP's care.

Your pet's health and safety is TWP's first priority. All employees of TWP are dedicated to providing the very best care for your pets while they are in our care. The Client agrees not to bring their dog(s) to TWP's facility if the dog has had any signs of sneezing, vomiting, diarrhea, coughing or lethargy.

The Client hereby places the Pet in the care and custody of TWP for the agreed upon time. The Client hereby acknowledges and agrees that (a) TWP shall not be liable for any injuries, illnesses or accidents involving the Pet which arise from or arise after or occur while the Pet is in the care or custody of TWP and (b) Client agrees to and shall hold harmless and indemnify TWP from and against any and all costs, expenses, attorney's fees, or damages arising out of any claim, action, suit or proceeding concerning the Pet and/or other pets in the care or custody of TWP and/or any natural person where such claim, action, suit, or proceeding, is caused by or relates to the Pet while in TWP's care.

In the event of a medical emergency, Client directs TWP to take the Pet to a veterinarian and the Client shall pay any costs or fees incurred with respect to medical services rendered by such veterinarian (Client's liability for payment of medical fees and costs shall exist regardless of whether such amounts are directly billed to Client or such amounts are paid by TWP and are to be reimbursed to TWP by the Client). A medical emergency shall be determined at TWP's sole discretion.

The Client knowing that TWP will rely and act upon the following, hereby warrants and represents to TWP that the Pet is not and has never been known to be aggressive, bite or attack another animal or human. In the event that the Pet attacks, injures, or bites another animal or human, the Client hereby agrees to pay all medical and/or veterinary fees, damages, attorney's fees and costs incurred as a result of Pet's actions and agrees to indemnify and hold TWP harmless from liability for any injury sustained by such other animal or human and for any medical and/or veterinary fees, damages, attorney's fees and costs due to such injury.

The terms of this Agreement shall not be modified except in writing signed by TWP and the Client and this Agreement shall be governed by the laws of the State of Washington.

Date: _____ Signature: _____
Print name: _____
Owner



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VETERINARY EXAM INSTRUCTIONS

For the protection of all of our guests, this form must be completed and signed by a licensed Veterinarian and returned to The Whole Pup. Either by mail, fax or in person. Failure to provide this **Veterinarian exam form** will result in the cancellation of your pup's visit and/or boarding with The Whole Pup.

NOTE: remember to take a **FRESH** stool sample from your pup to your Veterinarian. It must **not** be more than 24 hrs. old. Please fax to 425-775-9861.

Primary Guardian's Name _____
 Home Address _____ City _____ Zip _____
 Phone: _____ Cell: _____ Email: _____
 Emergency Contact: _____ Phone: _____
 Pup's Name _____ Breed _____ Date of Birth: _____
 Male Neutered Y N Female Spayed Y N When? _____

REQUIRED IMMUNIZATIONS: Please enter **date** and check **all boxes** that apply.

DHLPP _____ **Rabies** _____ **Bordetella** _____
 1 yr. or 3 yr. 1 yr. or 3 yr. (REQUIRED EVERY 6 MOS.)

EXAMINATION INFORMATION: Please check **all boxes** that apply.
 Date of last physical exam: _____ Pup's general health is: Poor Fair Good Excellent

FECAL (REQUIRED EVERY 6 MOS.)..... Negative

Fecal Test Date _____
 diarrhea hookworm coccidia
 blood tapeworm whipworm
 roundworm other _____ giardia

SKIN Normal

hot spots fleas/mites ringworm
 cysts tumors mange
 other _____

Monthly flea control program

Type _____

Date last given _____

EARS Normal

mites infection

OTHER HEALTH ISSUES OR CONCERNS:

Print Veterinarian's Name _____

Address _____

Veterinarian's Signature _____

Clinic Name _____

Phone: _____

Date: _____

ORAL Normal

papilloma dental problems Sores
 other _____

EYES Normal

conjunctivitis glaucoma
 other _____

SKELETAL Normal

hip dysplasia broken bones arthritis
 other _____

KENNEL COUGH in the last 90 days

Y N



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Veterinary Release Form

During my absence, a representative of The Whole Pup will be caring for my pup(s) and has my permission to transport them to Veterinary Specialty Center located at: 20115 44th Ave West Lynnwood, WA 98026 (425) 697-6106 for treatment. I authorize Veterinary Specialty Center to treat my pup(s) and acknowledge that I will be responsible for payment of services rendered to VCA Veterinary Specialty Center.

I authorize VCA Veterinary Specialty Center to render services up to \$ _____

If Veterinary services are in excess of the amount listed above I can be contacted at:
Cell phone or other phone where I can be reached in case of emergency:
I assume full responsibility for payment of veterinary services rendered.

I understand that The Whole Pup assumes no responsibility for the loss of any pet and is released from all liability related to transportation, treatment and expense.

This consent for treatment has no expiration date unless otherwise noted.
A photocopy/facsimile of the signed consent shall have the same force and effect as the Client/Pet Owner's original signature.

Name of Pup _____

Client Name (Please Print) _____

Client Signature _____ Date _____