



The Whole Pup  
 21010 70<sup>th</sup> Ave W  
 Edmonds, WA 98206  
 425-776-3083

## DOG DAY CARE ENROLLMENT

Today's Date \_\_\_\_\_

### About You:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Work: \_\_\_\_\_ Email: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Names of anyone other than you authorized to pick up your dog (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 \_\_\_\_\_  
 Has your pup attended day care before? Yes  No  If yes, where? \_\_\_\_\_  
 Why do you want to bring your pup to day care? \_\_\_\_\_

Known cues: Sit  Down  Stay  Come  Drop it  Leave it  Off   
 other: \_\_\_\_\_

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 (mark all that apply)

Calm/laid back	<input type="checkbox"/>	Shy	<input type="checkbox"/>	Fearful	<input type="checkbox"/>	Jumps on people	<input type="checkbox"/>
High energy	<input type="checkbox"/>	Hyper	<input type="checkbox"/>	Aggressive	<input type="checkbox"/>	Separation Anxiety	<input type="checkbox"/>
Dominant	<input type="checkbox"/>	Protective	<input type="checkbox"/>	Possessive	<input type="checkbox"/>	Does not like strangers	<input type="checkbox"/>
Anxious	<input type="checkbox"/>	Unruly	<input type="checkbox"/>	Playful	<input type="checkbox"/>	Likes to be brushed	<input type="checkbox"/>
Mature	<input type="checkbox"/>	Immature	<input type="checkbox"/>	Escape artist	<input type="checkbox"/>	Eats rocks/feces	<input type="checkbox"/>
Afraid of noises	<input type="checkbox"/>	Food aggressive	<input type="checkbox"/>	Does not listen	<input type="checkbox"/>	Afraid of noises	<input type="checkbox"/>

Others not listed? List them here: \_\_\_\_\_



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### Your Pup's Health

Vet's name \_\_\_\_\_ Phone \_\_\_\_\_

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

Please list any medications your dog is taking: \_\_\_\_\_

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

### Day Care Requirements

The Whole Pup requires all dogs to be current on Distemper/Parvo, Bordetella and Rabies vaccines per your veterinarian's recommendations. We also require a negative fecal test within the last 6 months. 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.

All dogs are required to attend a trial day that will include an interview prior to their first day of day care. Please plan on spending approximately 30 minutes with us for the interview. The cost of the trial day is \$15.00.

### 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 recommends that all dogs be on monthly flea prevention such as Advantage, Frontline, Program or Sentinel. If fleas are found on your dog at any time, we will apply Advantage at your cost.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

#### office use only

\*\*\*\*\*

Proof of vax \_\_\_ Evaluation \_\_\_ Authorization \_\_\_ File \_\_\_ Bone tag \_\_\_ Paid \_\_\_

\*\*\*\*\*



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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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## The Whole Pup

### Consent for Use of Photograph/Image/Videos

I hereby give my consent for The Whole Pup (TWP), Edmonds, WA to photograph and/or videotape my participation in program activities.

In consideration of the possible use of my picture in the media set out below, I hereby give TWP the irrevocable right and permission to copyright, use, re-use, publish, re-publish, exhibit, and distribute all or any portions of the above-referenced photographs and/or videotapes of me, in conjunction with my name, for use on program website(s) and in displays, presentations and publications. I also waive the right to approve the final product(s) in which these photographs and/or videotapes may appear.

This release is binding on me, my heirs, legal representatives and assigns.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_



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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 bordatella 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.** Toys are provided by the daycare, so please do not bring toys from home unless your dog is also boarding here. 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 feed the dog our house blend at a cost of \$1.00/cup. 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 devourable 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 \$30.00.

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, Sunday 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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## 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.

**NOTICE:** For new guests, a **fecal test** and **Veterinary exam** must be completed for your pup within 2 weeks of their first visit to 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.

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.

**DHPP** \_\_\_\_\_ **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

**ORAL** .....  Normal  
 **papillomes**  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

OTHER HEALTH ISSUES OR CONCERNS:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Print Veterinarian's Name \_\_\_\_\_ Clinic Name \_\_\_\_\_  
 Address \_\_\_\_\_ Phone: \_\_\_\_\_  
 Veterinarian's Signature \_\_\_\_\_ Date: \_\_\_\_\_



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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 Woodhaven Veterinary Clinic for treatment. I authorize Woodhaven Veterinary Clinic to treat my pup(s) and acknowledge that I will be responsible for payment of services rendered to Woodhaven Veterinary Clinic.

I authorize Woodhaven Veterinary Clinic 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.

If the above named veterinarian is not available, I authorize Veterinary Specialty Center located at: 20115 44<sup>th</sup> Ave West Lynnwood, WA 98026 to perform emergency services to my pup(s).

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 \_\_\_\_\_