



## HOURS + RULES

### HOURS OF OPERATION

**Monday - Friday - 7:00am - 6:00 pm**

**Saturday & Sunday - CLOSED**

**Early drop off and late pick up are available if scheduled in advance.**

### DAYCARE RULES

- 1. All dogs must be 12 weeks or older to attend daycare.**
- 2. All dogs 7 months or older must be spayed or neutered.**
- 3. All dogs must be current on all shots, DHLPP, BORDATELLA, PARVO, RABIES**
- 4. All dogs must be on some form of a flea and tick program (no powders)**  
*Flea and tick collars will be removed while attending daycare.*
- 5. All dogs must have a quick-release collar with name tag.**  
*These can be purchased at the Training Tails office.*
- 6. All dogs must take and pass an evaluation test.**  
*Evaluations are done by appointment only.*
- 7. Due to local regulations, if your dog barks uncontrollably and all efforts to curb this behavior have been exhausted, unfortunately, your dog will not be allowed to attend daycare with Training Tails.**
- 8. All dogs must be kept on a leash while transferring between your vehicle and the office.**

**OWNER INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Please list any others who have permission to pick up your dog (include name & cell phone).

\_\_\_\_\_

**PET INFORMATION**

Name \_\_\_\_\_ Breed \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ Spayed/Neutered Yes / No (circle one)

Describe your dog's temperament: \_\_\_\_\_

\_\_\_\_\_

Describe your dogs behavior problems, if any: \_\_\_\_\_

\_\_\_\_\_

Does your dog have any history of biting?  No  Yes

If yes, please explain: \_\_\_\_\_

Has your dog ever growled or snapped at anyone who has touched his/her food or toys? Yes  No

Is your dog crate trained?  No  Yes  Used to be crated

How does your dog react to other dogs? \_\_\_\_\_

What type of exercise does your dog usually get? \_\_\_\_\_

How often? \_\_\_\_\_

Has your dog been in daycare?  No  Yes

If yes, where? \_\_\_\_\_

Has your dog ever escaped or attempted to escape by digging/jumping or climbing fences?

Yes  No If yes, describe: \_\_\_\_\_

\_\_\_\_\_

Does your dog have a circumstance or situation that he/she is frightened of:

Yes  No If yes, describe: \_\_\_\_\_

\_\_\_\_\_

Your Last Name \_\_\_\_\_ Dog's Name \_\_\_\_\_

**Pet Information (Continued)**

Is your dog toy possessive?  Yes  No Explain: \_\_\_\_\_

Has your dog shared toys/food/water with other dogs before?  Yes  No

Describe any problems sharing: \_\_\_\_\_

Does your dog know any commands? \_\_\_\_\_

What do you do with him/her when you leave the home? \_\_\_\_\_

Does your dog have any health concerns that you are aware of? \_\_\_\_\_

Does your dog have any medical restrictions on his/her activities? \_\_\_\_\_

Does your dog have any areas that he/she does not like to be touched? \_\_\_\_\_

Does your dog bark excessively?  Yes  No

How many days a week would you use daycare? \_\_\_\_\_

It is my opinion that my dog is of adequate health to participate in services provided by Training Tails.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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



# PET CARE AGREEMENT

Your Name \_\_\_\_\_ Dog's Name \_\_\_\_\_

**YOUR VETERINARIAN'S NAME** \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email address: \_\_\_\_\_

Bring a copy of your recent vaccination records or have your veterinarian email them to TRAINING TAILS.

Dates of last vaccines: \_\_\_\_\_

DHLPP \_\_\_\_\_ PARVO \_\_\_\_\_ BORDATELLA \_\_\_\_\_ RABIES \_\_\_\_\_ 1YR \_\_\_\_\_ 3YR \_\_\_\_\_

Microchip Information and Number (if none, leave blank) \_\_\_\_\_

Flea preventative \_\_\_\_\_ Last date used: \_\_\_\_\_ Date of last Physical Exam \_\_\_\_\_

Medical problems or physical restrictions: \_\_\_\_\_

Currently on any medication  No  Yes

List of medications: \_\_\_\_\_

Known allergies (including medication and flea control products): \_\_\_\_\_

Additional Comments: \_\_\_\_\_

First and foremost, the safety and wellbeing of your dog is of the highest importance. Insuring that your dog remains safe and well cared for is our first responsibility and as such we take it very seriously. We do our best to have all dogs screened for pre-existing health conditions but some factors may be beyond our control. In the event that a medical emergency arises while a dog is at Training Tails or participating in a service that we provide, it is imperative that we are immediately able to get them medical treatment at the closest veterinarian. Your dog will be rushed to the closest available facility for treatment and you will be notified. This form will expedite the process of your dog receiving medical treatment. You will be contacted again after your dog receives medical attention.

I understand that in the event of a medical emergency, which Training Tails at its sole discretion deems to need the immediate attention of a licensed veterinarian. I authorize Training Tails to seek medical attention at the closest available veterinary facility.

I give permission to the attending veterinarian to diagnose and treat my dog.  
I further agree that I am financially responsible for any medical treatment my dog receives as a result of a medical emergency.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Contact Numbers \_\_\_\_\_

Your Name: \_\_\_\_\_

Dog's Name: \_\_\_\_\_

Please read each statement and initial, and then sign your understanding and acceptance below:

1. I understand Training Tails has relied upon my representation that my dog is in good health and has not injured or shown aggression or threatening behavior to any person or dog in admitting my dog for services at their facility.  
Initial \_\_\_\_\_
2. I further understand that Training Tails, their owners, staff, partners and volunteers, will not be liable, financially or otherwise, for injuries to my dog, myself or any property of mine while my dog is participating in services provided by Training Tails Doggie Day Camp. I hereby release Training Tails of any liability of any kind arising from my dog's participation in any and all services provided by Training Tails.  
Initial \_\_\_\_\_
3. I further understand and agree that any problems with my dog, behavioral, medical or otherwise will be treated as deemed best by staff of Training Tails in their sole discretion, and in what they view as the best interest of the animal. I understand that I assume full financial responsibility and all liability for any and all expenses involved in regards to the behavior and health of my dog.  
Initial \_\_\_\_\_
4. I further understand that there are risks and benefits associated with group socialization of dogs. I agree that the benefits outweigh the risks and that I accept the risk. I desire a socialized environment for my dog while attending services provided by Training Tails and while in their care. I understand that while the socialization and play is closely and carefully monitored by Training Tails staff to prevent injury, it is still possible that during the course of normal play my dog may receive minor nicks and scratches from roughhousing with other dogs.  
Initial \_\_\_\_\_
5. I understand by allowing my dog to participate in services offered by Training Tails, I hereby agree to allow Training Tails to take photographs or use images of my pet in print form or otherwise for publication and/or promotion.  
Initial \_\_\_\_\_
6. I further understand that I am solely responsible, financially or otherwise, for any harm or damage caused by my dog to any person, animal, or property while my dog is attending any services provided by Training Tails. I agree to pay for such damages promptly when presented with the charges.  
Initial \_\_\_\_\_
7. I understand that if my dog is not picked up on time or by a date specified, I hereby authorize Training Tails to take whatever action is deemed necessary for the continued care of my dog. I will pay Training Tails the cost of any such continuing care upon demand by Training Tails prior to taking my dog home. I understand that if I do not pick up my animal, Training Tails will proceed according to the guidelines provided by Delaware Statute Abandonment of animals by owner; procedure of handling. I also acknowledge that I will be fully responsible for all attorneys' fees and associated costs if I abandon my dog.  
Initial \_\_\_\_\_

Signature of Owner: \_\_\_\_\_

Date: \_\_\_\_\_



**GROUP PLAY  
(COMMINGLING OF DOGS)**

I \_\_\_\_\_, allow my dog/s to participate in group play. I understand that there are risks and benefits associated with group socialization of dogs. I agree that the benefits outweigh the risks and that I accept the risk. I desire a socialized environment for my dog while attending services provided by TRAINING TAILS LLC and while in their care, I understand that while the socialization and play is closely and carefully monitored by TRAINING TAIL'S staff to prevent injury, it is still possible that during the course of normal play that my dog get injured. I understand that if at any time I do not wish my dog to participate in group play I must notify TRAINING TAILS LLC in writing.

Name dogs/ allowed for group play:

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If you wish your dog NOT to participate in group play, your dog/s will be let out individually:

Name of dogs NOT allow in group play:

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Would you allow any of the dogs listed above (same family dogs only) to participate in activities together?

YES \_\_\_\_\_ NO \_\_\_\_\_

Signature of Owner \_\_\_\_\_

Date \_\_\_\_\_

Printed Name \_\_\_\_\_



## POOL WAIVER

**Please read our Doggie Pool Information and then read and complete the waiver below.**

By signing this waiver, you agree that you have read our information sheet on the doggie pool. You understand and accept the risks and rewards of having your dog(s) participate in swimming sessions and cannot hold Training Tails LLC responsible for any illness or injury. By signing below, you give your approval for your pet to participate.

Name(s) of Dog(s) allowed to participate: \_\_\_\_\_

Owner Full Name (PRINT): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_