

# K9Piper's Place Ltd.

## Policies and Requirements for Admission to Daycare

- Puppies must be at least 8 weeks of age, have received at least 2 series of vaccinations, a negative fecal, and in good health
- Written proof of vaccinations are required
- Required vaccinations are DHLPP-Parvo, Bordetella, Rabies (age appropriate). (We do accept 3 year vaccinations) Proof of titres may also be submitted by a licensed veterinarian in lieu of vaccination.
- All dogs 6 months and older must be on Heartworm prevention March-November. They must be Heartworm negative.
- All dogs must be free of external parasites (fleas, ticks, lice, mites, etc.) and be on flea prevention March- November.
- Proof of negative fecal required
- All dogs over 7 months of age must be spayed or neutered. Dogs not spayed or neutered will be considered on an individual basis.
- All dogs must wear a regular collar or harness with an ID. (for safety reasons chain collars will not be permitted.)
- Due to liability issues Pit Bull Terriers and/or Pit Bull Terrier mixes as defined in Ohio's Vicious Dog Law, will not be permitted in daycare. A DNA test must be provided if there is a question in regards to breed.
- All dogs must be evaluated by one of K9Piper's Place Staff before acceptance to daycare.
- Dogs will have a five visit probationary period after the initial evaluation.
- Owner(s) will provide food for their dog(s) if needed.
- Owner(s) will provide treats for their dogs.
- Reservations are required.

Early drop off or late pick-up may be scheduled for an extra fee.  
Any refunds on prepaid fees are given in the form of store credit.

### Enrollment Process:

- Complete the application enrollment form. You can receive the application through the mail or pick up the forms in person at k9Piper's Place Ltd.
- We will screen your completed application enrollment form and schedule an interview time when we can meet your dog.
- During the interview, we will discuss your application, answer any questions you may have, and perform a temperament evaluation of your dog(s). This service is provided to our customers free of charge. Please be aware that the daycare environment is not suitable for all types of dogs.

# K9Piper's Place Ltd.

## Owner Information

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

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

Cell \_\_\_\_\_

Email Address (if applicable) \_\_\_\_\_

### List Names of those authorized to drop-off/pick-up your dog other than immediate family

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Please check the days of the week that you would typically bring your dog to the daycare.

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_

Your typical drop off time would be: am. \_\_\_\_\_ pm. \_\_\_\_\_

Your typical pick-up time would be: am. \_\_\_\_\_ pm. \_\_\_\_\_

Who referred you to us? \_\_\_\_\_

Would you permit us to use photographs of your dog for advertising Yes \_\_\_\_\_ No \_\_\_\_\_

# K9Piper's place Ltd.

## Dog Information

Name \_\_\_\_\_ Nickname \_\_\_\_\_

Breed \_\_\_\_\_ Age \_\_\_\_\_ Birth date: Month \_\_\_\_\_ Year \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Spayed \_\_\_\_\_ Neutered \_\_\_\_\_

Color \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

How old was your dog when you got it? \_\_\_\_\_

Did you get your dog from a breeder \_\_\_\_\_ Shelter \_\_\_\_\_ Pet shop \_\_\_\_\_ Other \_\_\_\_\_

Does your dog get along with all sizes of dogs? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your dog get along with cats, or other small pets, etc? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your dog get along with his/ her own sex? Yes \_\_\_\_\_ No \_\_\_\_\_

## Health/Grooming

What do you feed your dog \_\_\_\_\_

Do you feed 1x \_\_\_\_\_ 2x \_\_\_\_\_ 3x \_\_\_\_\_ per day?

What kind of treats do you give your dog? \_\_\_\_\_

Is your dog allergic to any food? Which kind \_\_\_\_\_

Other allergies? \_\_\_\_\_

Has your dog ever had a seizure? \_\_\_\_\_

If so, Is it under control Yes \_\_\_\_\_ No \_\_\_\_\_

Does your dog have arthritis Yes \_\_\_\_\_ No \_\_\_\_\_

Does your dog have hip dysplasia Yes \_\_\_\_\_ No \_\_\_\_\_

Does your dog have luxating patellas Yes \_\_\_\_\_ No \_\_\_\_\_

# K9Piper's Place Ltd

## Health/ Grooming

Is your dog on any medications? Yes \_\_\_\_\_ No \_\_\_\_\_

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

Is your dog prone to ear infections? Yes \_\_\_\_\_ No \_\_\_\_\_

Any other health problems we should know about? \_\_\_\_\_

Does your dog liked to be brushed? Yes \_\_\_\_\_ No \_\_\_\_\_

How does your dog react to having his/her nails clipped? \_\_\_\_\_

Is there any place on your dog's body that he/she does not like to be touched? \_\_\_\_\_

## Behavior

Has your dog had any basic obedience training? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your dog respond to word cues? Check the ones he/she responds too.

Sit \_\_\_ Down \_\_\_ Come \_\_\_ Leave- it \_\_\_ Wait \_\_\_ Settle \_\_\_ Heel \_\_\_ Give \_\_\_

Watch me \_\_\_ Drop- it \_\_\_ Stay \_\_\_ Off \_\_\_ Other? \_\_\_\_\_

Is your dog noise sensitive or fearful of loud noises? Yes \_\_\_ No \_\_\_\_\_

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

# K9Piper's Place Ltd.

## Behavior

Does your dog bark or growl at:

Men \_\_\_\_\_ Strangers \_\_\_\_\_ Children \_\_\_\_\_ People in uniforms \_\_\_\_\_

To your knowledge, has your dog ever been abused? Yes \_\_\_\_\_ No \_\_\_\_\_

Is there any dog(s) that your dog has a negative response to? Explain \_\_\_\_\_

How does your dog respond to puppies? \_\_\_\_\_

Does your dog mark (urinate) frequently while on a walk? Yes \_\_\_\_\_ No \_\_\_\_\_

How does your dog tell you that he/she has to go outside? \_\_\_\_\_

Does your dog have accidents in the house? Yes \_\_\_\_\_ No \_\_\_\_\_

Will your dog use a potty Training Pad or Litter box? Yes \_\_\_\_\_ No \_\_\_\_\_

Will your dog go outside if it is raining? Yes \_\_\_\_\_ No \_\_\_\_\_

Is your dog crate trained? Yes \_\_\_\_\_ No \_\_\_\_\_

Will your dog growl or attempt to bite if you try to take food or a toy away? Yes \_\_\_\_\_ No \_\_\_\_\_

Has your dog ever shared food or toys with another dog? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your dog play with toys? Yes \_\_\_\_\_ No \_\_\_\_\_ What kind? \_\_\_\_\_

Has your dog ever bitten a person? Yes \_\_\_\_\_ No \_\_\_\_\_

Has your dog ever bitten another dog? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your dog suffer from separation anxiety? Yes \_\_\_\_\_ No \_\_\_\_\_

Please check all that apply:

Excessive barking \_\_\_\_\_ Territorial \_\_\_\_\_ Climbs over fences \_\_\_\_\_ Destructive chewing \_\_\_\_\_

Jumping \_\_\_\_\_ Shy \_\_\_\_\_ Play biting \_\_\_\_\_ Mouthing \_\_\_\_\_ Digs \_\_\_\_\_ hyperactive \_\_\_\_\_

# K9Piper's Place Ltd.

## Emergency Contact Information

Pet's Name	_____	Breed	_____					
Sex	_____	Spayed/Neutered Yes	_____ No	_____	Weight	_____	Age	_____
Owner's Name	_____							
Address	_____							
Home Phone	<input type="text"/>	<input type="text"/>	<input type="text"/>	Cell Phone	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Work Phone	<input type="text"/>	<input type="text"/>	<input type="text"/>	Email	_____			

## Alternate Contact Person In Case of Emergency

Name	_____							
Address	_____							
Relationship	_____							
Home Phone	<input type="text"/>	<input type="text"/>	<input type="text"/>	Cell Phone	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Work Phone	<input type="text"/>	<input type="text"/>	<input type="text"/>	Email	_____			

# K9Piper's Place Ltd.

## Veterinarian Information

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone

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## Veterinarian Record

**Vaccination:**

**Date Given:**

**Vaccination:**

**Date Given:**

DHP PARVO

\_\_\_\_\_

Heartworm

\_\_\_\_\_

Leptospirosis

\_\_\_\_\_

Flea Prevention

\_\_\_\_\_

Bordetella

\_\_\_\_\_

List Medical Conditions

\_\_\_\_\_

Rabies 1 Yr

\_\_\_\_\_

\_\_\_\_\_

Rabies 3 Yr

\_\_\_\_\_

List Medications

\_\_\_\_\_

**In case of a medical emergency depending upon the severity of the situation, your dog will be transported to a veterinary hospital close by. In the case of a non-emergency situation we will contact you first. You will be responsible for payment to the veterinarian rendering treatment.**

**I give K9Piper's Place permission to ask for and receive my dog's/dogs' vaccination records via phone and/or fax.**

**Owner's Signature.** \_\_\_\_\_

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

# K9Piper's Place Ltd.

## Owner Agreement

I, \_\_\_\_\_ hereby certify that my dog(s) \_\_\_\_\_  
\_\_\_\_\_ is (are) in good health and have not been ill with any communicable  
condition in the last 30 days. I further certify that my dog(s) have not harmed or  
displayed aggressive or threatening behavior towards any person or any other dog.  
I have read and understand the following:

1. I understand that I am held responsible for any harm caused by my dog(s) while my dog(s) is at K9Piper's Place Ltd.
2. I have read and understand that I must adhere to all requirements and policies as set forth by K9Piper's Place Ltd. And have received a copy of the Policy.
3. I understand and agree that K9Piper's Place Ltd. And their staff or volunteers will not be liable for any problems which develop, provided reasonable care and precautions are followed, and I hereby release them from any liability arising from my dog(s) attendance to K9Piper's Daycare.
4. I understand that if any emergency situation develops with my dog(s), K9Piper's Place Ltd. will provide treatment as deemed best by the staff and I will assume full financial responsibility for any and all expenses incurred.
5. I understand that K9Piper's Place Ltd. Reserves the right to refuse or revoke admittance to any dog that does not meet the temperament or health requirements set forth in the Policy and Requirements of K9Piper's Place Daycare.
6. K9Piper's Place will not be held responsible if I or any person or persons would be getting injured while you K9Piper's Place self-grooming faculty.

I certify that I have read and understand the above agreement.

Signature of Owner

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