

Dear Dog Owner,

Thank you for your recent inquiry about dog daycare. Hope Springs Veterinary Daycare and Boarding is committed to providing a safe, fun and stimulating social environment for your pet during weekday business hours. At dog daycare, your pet will enjoy supervised playtime with other pets and our friendly staff.

Enclosed, you will find information and forms you need to register your pet for our services. After a successful application, each pet will need to be temperament tested. All temperament testing days must be scheduled in advance.

To enroll, simply fill out the enclosed forms and return them to Hope Springs Veterinary Daycare and Boarding at 1010 Cedar Road, Chesapeake, VA, 23322 along with proof of vaccinations. You may enroll through the mail, email, our website at www.hopespringsvet.com or if you prefer, you may drop your application off in person. Once we receive your enrollment form and proof of vaccinations, we will screen your paperwork and call to schedule a day when we can meet your pet.

If you have any questions, please feel free to contact us at (757) 547-1600 or stop by the practice to visit our facility. Our office is open Monday / Tuesday / Thursday from 8:00 am to 8:00 pm, Wednesday / Friday from 8:00 am to 6:00 pm and Saturday from 8:00 am to 2:00 pm. We look forward to seeing you and your pet.

Sincerely,

Hope Springs Veterinary Daycare and Boarding

ENROLLMENT APPLICATION

FOR OFFICE USE ONLY

Enrollment Form		Vaccines		Staffed Screened	
Computer Entry		Temp Test Day		First Day	
Notes:					

EMERGENCY CONTACT INFORMATION

Owner Information

Full Name:							
Address:							
Email Address:							
Cell Number:							
Home Number:							
Work Number:							
Preferred Communication Method (circle one):		Call Cell Text	Call Home Email	Call Work			
How were you referred to our Daycare/Boarding:							

Emergency Contact

Full Name:							
Address:							
Email Address:							
Cell Number:							
Home Number:							
Work Number:							

Pet Information

Name:		Breed:	
Birthdate:		Color:	
Sex:		Weight:	
Microchip:			

Veterinarian

Name:							
Address:							
Email Address:							
Phone:				Fax:			

PET PERSONALITY PROFILE

Off-Leash Play Application

We love dogs and want your dog to love coming to our off-leash playgroup. No one knows your dog better than you, so we'd appreciate you taking the time to fill out this application. The more we know about the dogs in our care, the better our playgroups will be.

Owner's Name(s):	Today's Date:
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Dog Information

Please submit one application for each dog who you would like to have in off-leash play.

Dog's Name:	Breed: If a mix, list two predominant breeds in behavior:			
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">1a. Current age</td> <td style="width: 25%; border: none; text-align: center;">Years</td> <td style="width: 25%; border: none; text-align: right;">Months</td> </tr> </table>		1a. Current age	Years	Months
1a. Current age	Years	Months		
1b. How long have you owned your dog?				
2. Where did you get your dog? <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Breeder <input type="checkbox"/> Animal Shelter <input type="checkbox"/> Pet Store <input type="checkbox"/> Animal Rescue Group <input type="checkbox"/> Found As Stray <input type="checkbox"/> Friend _____ <input type="checkbox"/> Other _____	What knowledge do you have of your dog's past history?			
3. Why are you considering our off-leash dog play program for your dog? (check all that apply) <input type="checkbox"/> Play with other dogs <input type="checkbox"/> So not home alone; check if <input type="checkbox"/> exhibits symptoms of separation anxiety <input type="checkbox"/> Exercise: <input type="checkbox"/> Primary source or <input type="checkbox"/> Additional source of exercise <input type="checkbox"/> Recommended by other pet professional (trainer, vet, etc.); Reason: <input type="checkbox"/> Other:				
4. Which of the following best describes your dog's level socialization with other dogs: <input type="checkbox"/> None – No knowledge of other dog interaction <input type="checkbox"/> Minimal – On leash encounters only <input type="checkbox"/> Moderate – Some off-leash playtime on occasion with visitor's/neighbor's/friend's dog(s) <input type="checkbox"/> Extensive – Regular visits to dog social events, off-leash dog parks, dog daycare, etc.				
5a. Has your dog had any problems previously in an off-leash social environment? <input type="checkbox"/> No <input type="checkbox"/> Yes, (check all that apply) <input type="checkbox"/> Altercation or fight at a public dog park <input type="checkbox"/> Altercation or fight with a neighbor or friend's dog <input type="checkbox"/> Fearful reaction in a group of dogs <input type="checkbox"/> Dismissed from a prior dog daycare or social playgroup program (complete item 5b) <input type="checkbox"/> Other (please describe) _____				

5b. Only complete if you answered yes in 5a that your dog was dismissed from a prior program.

What reason were you given as to why your dog was dismissed?

Check each statement below that applies to the situation that resulted in your dog's dismissal.

- My dog was injured, no medical treatment required
- My dog was injured and required medical treatment
- Another dog was injured, no medical treatment required
- Another dog was injured and required medical treatment
- A person was injured, no medical treatment required
- A person injured and required medical treatment

Provide any other comments you want us to know about this situation.

Health History

6. Please describe your dog's flea/tick control and prevention program:

7. Does your dog have any allergies? Yes No If yes, please explain:

8. Does your dog have any physical disabilities? Yes No

Please explain disability & cause:

If answered yes, what restrictions need to be placed on your dog's activities or movements?

- No jumping
- No running
- No hard play
- No contact with other dogs
- Other (*Please explain*)

9. Does your dog have any medical conditions? Yes No

If yes, please explain:

If medication is used to control the condition, please provide name and dosage.

10. Provide details of your dog's diet –

a. *type (kibble, canned):*

b. *brand (Royal Canin, Iams, Purina, etc.):*

c. *feeding schedule:*

11. On what type of surface does your dog generally go to the bathroom (e.g., grass, mulch, pee pads)?

12. Does your dog have any bathroom-related issues or concerns?	
13 a. How often do you brush or comb your dog's coat?	13b. How does your dog react to having his/her nails clipped?
13c. Does your dog like to be brushed? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, what have you tried to make it more enjoyable?	
14. Does your dog have any sensitive areas on his/her body? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where?	
15. Where are your dog's favorite petting spots?	
16a. How frequently is your dog walked outside?	16b. How long are your walks?
17. Check the box below that best represents your dog's overall level of exercise routine: <input type="checkbox"/> Couch Potato: Spends days sleeping, occasional walks and/or playtime with humans or other dogs. <input type="checkbox"/> Mild Exerciser: Short daily walks and/or regular playtime with human or other dogs. <input type="checkbox"/> Moderate Exerciser: Long or multiple walks daily and/or regular playtime with human or dogs. <input type="checkbox"/> Athlete: Regular jogs/runs and/or regular participation in a dog sport activity such as agility, flyball, frisbee, etc.	

Household Information

18. Complete table with information on other dogs in household:

Breed	Age	Sex	Spayed or Neutered
1.		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have cats? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many cats do you have?		How does your dog get along with your cats? How does s/he react to unfamiliar cats s/he sees on walks?	

19a. Does your dog like children? <input type="checkbox"/> Yes <input type="checkbox"/> No	
19b. How does your dog behave around children?	19c. How does your dog get along with other household animals?
20. Do any visitors bring their dog(s) to your house? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how do they get along?	
21. How does your dog react to a stranger coming into your home or yard?	
22. Does your dog ever bark or growl at anyone passing outside your home or yard? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	
23. Are there any types and/or breeds of dogs your dog seems to automatically fear or dislike? <input type="checkbox"/> Yes <input type="checkbox"/> No, If yes, please describe:	
24. How does your dog react to puppies?	
25. How does your dog react to another dog approaching him/her in a park, at the beach, or on a walk? a. On Leash:	
	b. Off Leash:
26. Does your dog play with other dogs? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which type? <input type="checkbox"/> Male and females <input type="checkbox"/> Only males <input type="checkbox"/> Only females <input type="checkbox"/> Small Breed Dogs 1-40 lbs <input type="checkbox"/> Large Breed Dogs 40 lbs and over Please describe size, breed, & temperament of the other dogs.	

<p>27. What kinds of games does your dog play with other dogs?</p>
<p>28. What kinds of games does your dog play with people?</p>
<p>29. Has your dog ever shared his/her food or toys with other animals? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how does your dog react to another dog approaching his/her food or toys?</p>
<p>30. Which commands does your dog know? (please check all that apply)</p> <p><input type="checkbox"/> Sit <input type="checkbox"/> Stay <input type="checkbox"/> Down <input type="checkbox"/> Come <input type="checkbox"/> Heel <input type="checkbox"/> Rollover <input type="checkbox"/> Kisses <input type="checkbox"/> High Five</p> <p><input type="checkbox"/> Other:</p>
<p>31. How did your dog get his/her obedience training? (Please check all that apply)</p> <p><input type="checkbox"/> Attended one group class <input type="checkbox"/> Attended more than one level of group classes (beginner and intermediate, etc.) <input type="checkbox"/> Dog was sent to a board and train program <input type="checkbox"/> Private sessions in home <input type="checkbox"/> Other, please explain:</p>
<p>32. Which of the following best describes the use of obedience cues with your dog at home?</p> <p><input type="checkbox"/> Key part of daily communication <input type="checkbox"/> Used when we go on walks or have people over <input type="checkbox"/> Used occasionally to better control behavior <input type="checkbox"/> Rarely used <input type="checkbox"/> Not applicable</p>
<p>33. What kind of a collar do you use to walk your dog?</p> <p><input type="checkbox"/> Buckle <input type="checkbox"/> Nylon/Chain Choke Collar <input type="checkbox"/> Harness – Leash Clips on Back <input type="checkbox"/> Harness – Front Clip <input type="checkbox"/> Head Collar <input type="checkbox"/> Prong/Pinch <input type="checkbox"/> Other:</p>
<p>34. Is it effective in keeping him/her under control? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

35. Has your dog ever gotten away from someone when out for a walk? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain circumstances:	
36a. Where does your dog sleep? <input type="checkbox"/> Inside the house <input type="checkbox"/> Outside the house <input type="checkbox"/> Inside/Outside-varies	
36b. In which room in the house does your dog sleep?	36c. Where in the room does your dog sleep? <input type="checkbox"/> Crate <input type="checkbox"/> Owner's bed <input type="checkbox"/> Dog Cushion/Bed on floor <input type="checkbox"/> Other (<i>Please describe</i>)
37. Has your dog ever jumped up on someone? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what were the circumstances?	
38. How does your dog act when you get home at the end of the day?	
39. What does your dog do to show he/she is happy?	
40. What does your dog do to show he/she is upset?	
41. Is your dog allowed on the furniture at home? <input type="checkbox"/> Yes <input type="checkbox"/> No	
42. Does your dog have any problems in any of the following areas? If yes, please explain. <input type="checkbox"/> Mouthing _____ <input type="checkbox"/> Housetraining: _____ <input type="checkbox"/> Barking: _____ <input type="checkbox"/> Digging: _____ <input type="checkbox"/> Ignoring commands: _____	
43. Does your dog know any tricks? If yes, please describe. <input type="checkbox"/> Yes <input type="checkbox"/> No	

Dog Behavior Information

44. Are there any particular types of people your dog seems to automatically fear or dislike?
45. Has your dog ever growled at someone? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what were the circumstances and how did you respond?

<p>46. Has your dog ever bitten a person? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what were the circumstances and how did you respond? Please describe injuries (if any).</p>
<p>47. Has your dog ever bitten another animal? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what were the circumstances and how did you respond? Please describe any injuries if there were any.</p>
<p>48. To the best of your knowledge, what does your dog do when you're not at home?</p>
<p>49. Has your dog ever climbed/jumped a fence? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what were the circumstances? How high was the fence?</p>
<p>50. Has your dog ever escaped from your house or yard? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain the circumstances:</p>
<p>51. How would you describe the energy level of your dog? <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High</p>
<p>52. Has your dog ever chased or tried to chase a small animal? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what were the circumstances?</p>
<p>53. Has your dog ever chased someone (or wanted to) on a skateboard or bicycle? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what were the circumstances?</p>
<p>54. Is your dog frightened by thunderstorms? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe typical behavior & what specifically helps to relax your dog or calm his/her fear.</p>
<p>55. Is your dog frightened or nervous around anything else? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.</p>
<p>56. Does your dog play with any toys? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what kinds of toys does your dog like?</p>
<p>57. Has your dog ever growled or snapped at a <u>person</u> who has taken food or toys away from him/her? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what were the circumstances and how did you respond?</p>

58. Has your dog ever growled or snapped at another dog who has taken food or toys away from him/her? Yes No If yes, what were the circumstances and how did you respond?

59. Have you ever noticed your dog stopping and staring at another animal? Yes No If yes, what were the circumstances?

60. Other comments or information about your dog that you feel might be helpful?

Thank you for the time you spent completing the Personality Profile information form. We will review your application and contact you with the next steps.

I have filled out and completed the Personality Profile information to the best of my knowledge.

Signature of Owner: _____ Date: _____

Dog Daycare General Information and Policies

The purpose of Hope Springs Veterinary Daycare and Boarding is to provide a safe, fun and stimulating social environment for dogs during weekday business hours. To ensure the safety and health of your pet and our other guests, we require all guests to comply with the following rules and regulations:

AGE: All dogs must be at least 12 weeks of age or older.

SEX: All dogs 6 months or older must be spayed or neutered. No exceptions.

VACCINES: All dogs must have up-to-date vaccinations prior to daycare and throughout the duration of the daycare pass. Owners must submit written proof of Rabies, DA2PP, Leptospirosis, Bordetella, and Canine Influenza H3N2/H3N8 vaccines. An intestinal parasite screening performed in the last 6 months showing a negative result. If a pet is receiving a vaccine for the first time or updating a vaccine that is more than a week out of date, the vaccine must be administered two weeks prior to check-in.

HEALTH: All dogs must be in good health. Owners will certify their dog(s) are in good health and have not been ill with a communicable condition in the last 14 days. Upon admission, all dogs must be free from any condition which could potentially jeopardize other guests. Dogs that have been ill with a communicable condition in the last 14 days require veterinarian certification of health to be admitted or readmitted. Each pet needs to be on tick and flea control medication, given according to package instructions. All dogs will be inspected at the time of each check-in and if fleas or flea dirt or ticks are noticed, he/she will not be permitted into daycare for 24 hours after administration of tick and flea medicine. If parasites are discovered during their stay, specialized care and treatment fees will apply at the owner's/guardian's expense.

BEHAVIOR: All dogs must be non-aggressive and not food or toy protective. Owners will certify their dogs have not harmed or shown any aggressive or threatening behavior towards any person or any other dog(s). Please remember your pet will be spending time with other pets and team members. The safety and health of all animals is our main concern.

APPLICATION: All dogs must have a complete, up-to-date and approved application on file. There is no fee for the application processing. After a successful application, each pet will need a temperament testing day. The fee is one day of daycare per pet. All temperament testing days must be scheduled in advance. Testing days are scheduled every Wednesday of the month but subject to change.

FEES: Fees are based on a pass plan. A pass is valid for 1 or 3 months from date of purchase based on the plan purchased. Each multi-day pass automatically includes enrollment in the Pet Healthcare Warranty (PHW) program. Any unused days on the pass will be forfeited after expiring. Refunds for daycare services will not be issued. Additional dogs are 30% off per multi-day pass only.

Day and Pass	Cost per Pass	Cost per Add'l Pet	Expires
1-Day	\$27.00 / per pet		Before Close
Half-Day	\$19.00 / per pet		Before 12 pm
5-Day Pass	\$133.25	\$94.80 / per add'l	1 month
10-Day Pass	\$253.00	\$180.10 / per add'l	3 months
20-Day Pass**	\$479.00	\$341.20 / per add'l	3 months

**20-Day Passes can add on a bath service, which includes nail trim, ear cleaning, and external anal gland expression, for a 30% discount. Additional grooming services can be added on at full price. The bath service must be scheduled 7 days in advance.

DAYS AND HOURS: We are open Monday / Tuesday / Thursday from 8:00 am to 8:00 pm, Wednesday / Friday from 8:00 am to 6:00 pm, Saturday from 8:00 am to 2:00 pm / closed on Sunday. Daycare services on Saturday will be considered a full day towards your pass. The office is closed for drop off and pick up on the following holidays: New Year's Day, Memorial Day, 4th of July, Labor Day, Thanksgiving Day and Christmas Day. On Christmas and New Year's Eve, the office is only available until noon.

Drop off times will be 30 minutes before opening and pick up is 30 minutes before closing of Hope Springs Veterinary. We prefer for daycare pets to be dropped off before 8:30 am, to ensure our playgroup can get acclimated together in the mornings.

If your pet is not picked up in the timeframe, he/she will be deducted one day from your daycare pass and charged an overnight boarding fee.

RESERVATIONS: Required. No shows and cancellations with less than 24 hours notice will be charged full fee or will be deducted one day from your daycare pass. No exceptions.

Pet Healthcare Warranty Program

In order to provide the best possible care for your pets while they vacation or participate in group play / daycare, we include a Pet Healthcare Warranty (PHW). This program is similar to those offered in many other facilities around the country and has many advantages for both the pet and pet owner: All pets staying with us, for daycare and boarding, can be enrolled and covered by our Pet Health Warranty.

No unexpected veterinary bills for you on your return due to unforeseen illness in your pet. *Our PHW covers veterinary care provided at Hope Springs Veterinary for non pre-existing illness up to a maximum of \$500.* This covers the most common gastrointestinal, respiratory, dermatological and other illnesses that occur.

The PHW promotes veterinary attention for any pet that is not doing well rather than placing kennel staff in the sometimes difficult position of determining when veterinary care (and extra expenses for the owner) may be needed. *With onsite veterinary care and most pets covered, you can go away assured that your best friend will receive the best of care in a timely fashion. Please note we are not a 24/7 emergency veterinary practice.*

In addition, PHW coverage will *extend for 48 hours* after leaving for kennel related illness treated by Hope Springs Veterinary.

A PHW fee will be added to your bill to cover the enrollment. The fee is:

- **Daycare** pets purchasing a 5, 10 or 20 day pass will have PHW automatically added to your pass for \$1/day.
- **Boarding** pets have the option of adding the PHW to their stay for a flat fee. The fee is \$15 / per visit / per pet
- One day or ½ day daycare pets cannot be enrolled in the PHW program.
- There is no multi-pet discounts for the PHW program.

The fine print:

- Pets over 10 years of age or under 8 months old: This is because dogs in these age ranges may not have well-developed immune systems that will adequately fight illness. Injury would still be covered for dogs in these age ranges.
- Pets with chronic, pre-existing conditions or those discovered within the first 24 hours of their stay are excluded from coverage and will not be charged the PHW fee.
- Injuries that result from aggression between two pets in the same family lodging together are excluded from coverage; however, the PHW fee will be assessed to cover other potential problems, like gastrointestinal issues.
- PHW coverage does not extend to treatment at any hospital other than Hope Springs Veterinary.

Qualification for our PHW is at the sole discretion of Hope Springs Veterinary team and may be changed or revoked at any time.

**Owner Liability Waiver and Health Certification
Owner Agreement**

I, _____, hereby certify that my dog(s): _____ is/are in good health and has/have not been ill with any communicable condition in the last 14 days. I further certify that my dog(s) has/have not harmed or shown aggressive or threatening behavior towards any person or any other dog. I have read and understand the following:

1. I understand that I am solely responsible for any harm caused by my dog(s) while my dog(s) is/are attending Hope Springs Veterinary Daycare and Boarding.
2. I further understand and agree that in admitting my dog(s) to daycare, Hope Springs Veterinary Daycare and Boarding's staff have relied on my representation that my dog(s) is/are in good health and has/have not harmed or shown aggressive or threatening behavior towards any person or any other dog.
3. I further understand and agree that Hope Springs Veterinary Daycare and Boarding and their staff, will not be liable for any problems that develop, provided reasonable care and precautions are followed, and I hereby release them of any liability of any kind whatsoever arising from my dog's/dogs' attendance and participation at daycare.
4. I further understand and agree that dogs can sometimes receive minor cuts and scratches at daycare and any problems that develop with my dog(s) will be treated as deemed best by staff of Hope Springs Veterinary Daycare and Boarding, at their sole discretion, and that I assume full financial responsibility for any and all expenses involved after the use of the Pet Healthcare Warranty Program. Our Pet Health Care Warranty that will reimburse pet parents up to \$500 in eligible veterinary expenses for illnesses or injuries that occur due to their pet's daycare visit for multi-day pass purchases only.

I certify that I have read and understand the policies of Hope Springs Veterinary Daycare and Boarding as set forth on the preceding pages and that I have read and understand the conditions, and statements of this agreement, including the following:

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Signature of Owner: _____ Dated: _____