

**Guest Application**

All Dogs Rock Day Care & Services, Inc  
**(Please print clearly)**

**Client Information**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (Cell) \_\_\_\_\_ (W) \_\_\_\_\_ (H) \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Other people authorized to pick up \_\_\_\_\_

**Veterinarian Information**

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Veterinarian Name: \_\_\_\_\_

**Emergency Contact** (If we can not reach you first)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ Cell \_\_\_\_\_

**Pet Information**

Name: \_\_\_\_\_ Breed: \_\_\_\_\_  
Sex (M/F): \_\_\_\_\_ Neutered/Spayed: \_\_\_\_\_ Weight: \_\_\_\_\_  
Color(s)/Markings: \_\_\_\_\_ Microchip? (Y/N) \_\_\_\_\_  
Age: \_\_\_\_\_ Birthday: \_\_\_\_\_ Brand & Amount of Food/Day: \_\_\_\_\_  
Is your dog allowed to have biscuits? Yes No  
If more than one dog in family: Board together Board separately Not Applicable

**Medical History (Previous injuries, allergies, etc.):** \_\_\_\_\_

**Medication(s):** \_\_\_\_\_

**Special Instructions:** \_\_\_\_\_

As Owner of the above said pet,

I hereby give consent for emergency medical care as prescribed by a duly licensed veterinarian. This care may be given under whatever conditions are necessary to preserve life, limb or well being of my pet.

Owner expressly acknowledges and agrees that Owner shall be responsible for all costs and expenses incurred under such veterinarian service. Prior to delivering the pet to the veterinarian, All Dogs Rock will first attempt to contact Owner via telephone.

I hereby give All Dogs Rock permission to take photos and/or video and use them in regards to marketing initiatives.

I acknowledge that a fee of up to \$30.00/item may be charged for items damaged by my dog above normal "wear and tear".

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

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

**Pet's Name:** \_\_\_\_\_

**Additional Information on Your Pet**

Has your dog been in day care before? Yes No

If yes, name of day care? \_\_\_\_\_

Has your dog been socialized w/other dogs? Yes No Small dogs? Yes No Large dogs? Yes No

Does your dog go to dog parks? Yes No Which one(s)? \_\_\_\_\_

Has your dog been socialized with men? Yes No Women? Yes No

Is your dog aggressive with people/strangers? Yes No

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

During walks is your dog aggressive towards other dogs? Yes No Towards: Males Female Both

Please list any "fears" your dog may have (Thunder, specific people, trucks, etc.) \_\_\_\_\_

Does your dog have any allergies? Yes No If yes, please list \_\_\_\_\_

What brand of flea treatment is your dog on? \_\_\_\_\_ Date administered? \_\_\_\_\_

All dogs must be on a flea control program to attend day care & boarding. Dogs showing signs of fleas and/or ticks will be given a Cap Star (single 8 hour pill that kills adult fleas) and will be take to a local groomer at the dog owner's expense.

What heartworm preventative is your dog on? \_\_\_\_\_ Date administered? \_\_\_\_\_

**Please give the expiration dates for the following vaccinations and bring a copy of the records:**

Vaccinations must be given at least 48 hours prior to arrival by a licensed veterinarian

Bordetella/Kennel Cough\* (**Required every 6 months**): \_\_\_\_\_

DHPP or DAPP\*\* (1 or 3 year): \_\_\_\_\_

Rabies: \_\_\_\_\_ (**Tags must be worn on collar while at day care**)

\* Please note, many veterinarians administer this vaccine only by request

\*\* Distemper, Hepatitis/Adenovirus, Parvovirus, Parainfluenza

Has your dog been in training classes and/or private training? Yes No

Please list the commands that you use with your dog (Sit, Stay, Go Potty, etc.):

To ensure a more positive experience, please indicate what issue(s) we need to be aware of regarding to your pet:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Dog aggressive      | <input type="checkbox"/> People aggressive     | <input type="checkbox"/> Jumps up on people                              |
| <input type="checkbox"/> Chews paws, etc.    | <input type="checkbox"/> Barks                 | <input type="checkbox"/> Chases cars, squirrels, birds, etc.             |
| <input type="checkbox"/> Submissive peeing   | <input type="checkbox"/> Escapes/Runs away     | <input type="checkbox"/> High jumper/Maximum height ____?                |
| <input type="checkbox"/> Shy                 | <input type="checkbox"/> No obedience training | <input type="checkbox"/> Chews furniture, scratches doors, etc.          |
| <input type="checkbox"/> Toy possessive      | <input type="checkbox"/> Owner possessive      | <input type="checkbox"/> Picky eater when boarding                       |
| <input type="checkbox"/> Stool eater         | <input type="checkbox"/> Separation anxiety    | <input type="checkbox"/> Sensitive areas not to touch (paws, ears, etc.) |
| <input type="checkbox"/> Strong leash puller | <input type="checkbox"/> Destroys toys         | <input type="checkbox"/> Other _____                                     |

Is there anything else we need to know about your dog? \_\_\_\_\_

Service(s) desired: **Day Care** (circle potential days M T W TH F S) **Boarding** **Both**

How did you hear about us? Google \_\_\_ Car Advertising \_\_\_ Drive by \_\_\_ Newsletter \_\_\_

Veterinarian \_\_\_\_\_ Phonebook \_\_\_\_\_

Pet store/Groomer \_\_\_\_\_ Referral/friend \_\_\_\_\_

Other \_\_\_\_\_

**CLIENT AGREEMENT**

All Dogs Rock Day Care & Services, Inc.

THIS AGREEMENT dated this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_ between ALL DOGS ROCK DAY CARE & SERVICES, INC. (hereinafter referred to as "Provider"), and \_\_\_\_\_ (hereinafter referred to as "Client") concerning that certain \_\_\_\_\_ ("Dog") as follows:

1. **Services:** Provider hereby agrees to perform the following services relative to the Dog as set forth in "Services and Compensation Schedule" attached hereto, which schedule is incorporated herein by reference.
2. **Term:** The term of this Agreement shall commence on the date of signing and remain in force for as long as client continues to use Provider's services, subject to price changes imposed by Provider.
3. **Representations and Warranties on the Part of Client:** To induce Provider to enter into this Agreement, Client hereby represents and warrants as follows: The Dog is in good health, is current on all vaccinations, is on flea/tick prevention, and the Dog has exhibited no signs of aggressive behavior towards dogs or persons. Client shall immediately notify Provider of any adverse conditions relating to the dog.
4. **DISCLAIMER OF WARRANTIES:** CLIENT HEREBY AGREES THAT PROVIDER AND ALL OTHER CLIENTS OF PROVIDER SHALL IN NO WAY BE RESPONSIBLE FOR INJURY OR LOSS DUE TO THE DOGS CONTACT WITH OTHER DOGS OR WHICH OTHERWISE MAY BE CAUSED DUE TO THE ACTS OF THE DOG. PROVIDER AND ALL OTHER CLIENTS OF PROVIDER SHALL NOT BE RESPONSIBLE FOR LOSS OR INJURY DUE TO THE UNPREDICTABILITY OF ANY DOGS, WHICH UNPREDICTABILITY MAY INCLUDE, BUT MAY NOT BE LIMITED TO, BITES, ATTACKS, OR SICKNESS CAUSED BY INFECTIOUS DISEASE OR OTHERWISE WITH RESPECT TO THE DOG OR ANY OTHER ANIMAL WITHIN PROVIDER'S CARE. IN THE EVENT, THE DOG IS INJURED OR HARMED OR OTHERWISE PERISHES DURING THE TERM OF THIS AGREEMENT, FOR ANY REASON WHATSOEVER, CLIENT EXPRESSLY ACKNOWLEDGES AND AGREES THAT THE CLIENT IS RESPONSIBLE FOR THEIR OWN DOG'S MEDICAL CARE EXPENSES AND PROVIDER AND ALL OTHER CLIENTS OF PROVIDER WILL NOT BE RESPONSIBLE FOR ANY DAMAGES RELATED THERETO. PROVIDER'S MAXIMUM LIABILITY WITH RESPECT TO DAMAGES SHALL NOT EXCEED THE LESSER OF THE CURRENT CHATTEL VALUE OF A DOG OF THE SAME BREED OR SPECIES AS THAT OF THE DOG OR THE MAXIMUM SUM OF \$650.00. CLIENT HEREBY AGREES THAT PROVIDER SHALL BE RELEASED FROM ANY AND ALL LIABILITY WITH RESPECT TO THE CARE OF THE DOG. THE PROVISIONS SET FORTH HEREIN, SHALL SURVIVE THE TERMINATION OF THIS AGREEMENT. CLIENT ASSUMES ALL RISKS WITH RESPECT TO PROVIDER'S CUSTODY OF THE DOG, AND IN NO EVENT SHALL PROVIDER BE LIABLE IN ANY WAY FOR ANY DAMAGES INCURRED BY CLIENT RELATING TO SAME.
5. **Indemnification:** Client expressly acknowledges and agrees to indemnify, defend and otherwise hold Provider harmless for any claims, suits, actions, or damages of which Provider may become subject to arising out of the acts of the Dog, including reasonable attorney fees and costs at all levels. This provision shall survive the termination of this Agreement.
6. **Vaccinations:** Provider will accept your veterinarian vaccination report as proof of meeting vaccination requirements, subject to Provider's policies & Palm Beach County Animal Control guidelines.
7. **Medical Care:** Client agrees that in the event the Dog suffers any health problem, Provider reserves the right, in Provider's sole discretion, to deliver the Dog to a veterinarian determined by Provider. Client expressly acknowledges and agrees that Client shall be responsible for all costs and expenses incurred by Provider relative to same and that the credit card supplied by the client will be charged for all services rendered by the Veterinarian, with the understanding, that client shall be responsible for all such costs and that Provider has no duty to advance such costs. Prior to delivering the Dog to the veterinarian or Client's veterinarian, Provider shall first attempt to contact Client via telephone. CLIENT EXPRESSLY ACKNOWLEDGES AND AGREES AND FURTHER CONFIRMS THAT PROVIDER DOES NOT CONDUCT MEDICAL EVALUATIONS OR PROVIDE VETERINARY RELATED SERVICES.

8. **Termination:** Client agrees that Provider may terminate this Agreement at any time, and for any reason whatsoever, and in such event, Client shall immediately take such steps as are necessary to regain custody of the Dog. In the event of such termination, Client shall be liable for all costs and expenses through the date of termination.
9. **ABANDONMENT:** PURSUANT TO FLORIDA STATUTE 705.19, CLIENT EXPRESSLY ACKNOWLEDGES BY SIGNING THIS AGREEMENT THAT NOTICE HAS BEEN GIVEN, IF THE DOG IS NOT PICKED-UP WITHIN 10 DAYS AFTER ITS SCHEDULED DEPARTURE DATE, THE DOG WILL BE CONSIDERED "ABANDONED" AND THEREAFTER, CLIENT RELINQUISHES ALL RIGHTS AND OWNERSHIP OF THE DOG. MOREOVER, AND THEREAFTER, THE DOG, IN PROVIDER'S SOLE DISCRETION, MAY BE SURRENDERED TO PALM BEACH COUNTY DIVISION OF ANIMAL CARE AND CONTROL OR ADOPTED TO A THIRD PARTY. NO FURTHER NOTICES SHALL BE REQUIRED.
10. **Remedies:** In the event Client breaches the terms of this Agreement, Provider shall have all remedies in law and/or in equity, including the right to seek damages, arising from the breach. In the event Provider breaches the terms of this Agreement, Client's remedies shall be limited to a return of monies paid in accordance with Services & Compensation Schedule, if applicable, or monetary damages not to exceed \$650.00, and subject to the disclaimers set forth within this Agreement. Client acknowledges and agrees that it is a material condition of Provider entering into this agreement that Client is agreeing to limit its damages to the foregoing, and such amount represents fair and adequate consideration in event of any damage with respect to Provider's custody of the Dog. Neither party shall have the right to seek consequential damages.
11. **Attorney Fees:** In the event of a dispute arising out of this Agreement, the prevailing party shall be entitled to recover its reasonable attorney fees and costs at all levels.
12. **Venue and Laws:** The laws of the State of Florida shall control. Venue for any action shall lie in Palm Beach County, Florida.

ALL DOGS ROCK DAY CARE  
AND SERVICES, INC.,  
a Florida corporation

CLIENT:

By: \_\_\_\_\_

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

Its: \_\_\_\_\_

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

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

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

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

## Services and Compensation Schedule

### Overnight Boarding (Includes “Cage Free” Doggie Day Care)

Accommodations: Medium Crate (47¼” x 23¾”)  
 Standard Suite (4’ x 6’) with or w/o “Pet Cot”  
 Deluxe Suite (8’ x 12’) with or w/o “Pet Cot”

Service	Rate
Individual Day Care	\$25.00
Half Day Day Care (4 hours or less)	\$15.00
10 Day Play Pack*	\$220.00
20 Day Play Pack*	\$420.00
Unlimited Week Days	\$400.00
Overnight/Single Occupancy – Med. Crate	\$30.95
Overnight/Single Occupancy – Std. Suite	\$34.95
Overnight/Single Occupancy – Deluxe Suite	\$39.95
Overnight/Double Occupancy – Medium Crate	\$28.95
Overnight/Double Occupancy – Std. Suite	\$32.95
Overnight/Double Occupancy – Deluxe Suite	\$37.95
Overnight/Triple Occupancy - Std. Suite	\$25.95/dog
Overnight/Triple Occupancy - Deluxe Suite	\$27.95/dog
Extended Stay 8+ Nights - Medium Crate	\$28.95
Extended Stay 8+ Nights - Standard Suite	\$32.95
Extended Stay 8+ Nights - Deluxe Suite	\$37.95
Late Pick Up	\$1.00/min/dog
Excessive Damage Fee (Per item)	\$30.00
Cleanliness Bath	Market Rate
Flea Bath	Market Rate
Grooming	Market Rate
Cap Star (if needed)	\$6.00
<b>Training Opportunities</b>	
Group Classes (Call to reserve your place in class)	6 weeks
Basic Obedience (5-8 students/class)	\$150.00
Intermediate Obedience (5-8 students/class)	\$150.00
Puppy Kindergarten (5-8 students/class)	\$150.00
Private Lessons, Daycare & Boarding Training	Call for details
Administration of Medications (excluding shots)	Free
Daily Walks Outside	Free
Lots of Love and Attention	Free

\*Play Pack does not have to be used consecutively

\*\*Dogs must be from same family for double/triple occupancy

\*\*\*Prices subject to change without notice\*\*\*

