



DAYCARE REGISTRATION FORM

Effective: January 1/2020

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DATE

OWNER INFORMATION

FULL NAME

ADDRESS

CITY

POSTAL CODE

CELLPHONE

WORK PHONE

HOME PHONE

EMAIL ADDRESS

EMERGENCY CONTACT

PHONE

PET INFORMATION

NAME

DATE OF BIRTH

BREED

GENDER

MALE / FEMALE

NEUTERED / SPAYED

YES / NO

COLOR

DATE OF LAST VACCINATION

OTHER PETS?

DOGS

CATS

OTHERS?

SURGERIES (PLEASE INDICATE DATES)

CURRENT MEDICATIONS

GENERAL RULES

- 🐾** IF YOUR DOG IS COUGHING, SNEEZING, LETHARGIC, DIARRHEA, VOMITING, OR ANYTHING UNUSUAL, PLEASE LEAVE HIM/HER AT HOME UNTIL THEY FEEL BETTER. PLEASE CALL AND INFORM US OF ANY ILLNESSES, AS WE NEED TO ENSURE THE HEALTH OF ALL OUR MEMBERS.
- 🐾** WE RECOMMEND THAT DOGS BE SPAYED OR NEUTERED BY 1 YEAR OF AGE. IF YOU PLAN ON KEEPING YOUR DOG INTACT FOR A SPECIFIC REASON, IT WILL BE PLACED ON A "ONE STRIKE" RULE. THIS MEANS IF WE SEE ANY AGGRESSIVE/DOMINANT/REACTIVE TENDENCIES, YOUR DOG WILL BE ASKED TO LEAVE. THIS IS DONE FOR THEIR SAFETY AND THE SAFETY OF OTHER DOGS AND STAFF. REMEMBER – NO FEMALES IN HEAT ARE ALLOWED IN DAYCARE! DOGS MUST BE HOUSE TRAINED (UNLESS THEY ARE YOUNG PUPPIES). DOGS THAT EXCESSIVELY OR CONSISTENTLY URINATE/MARK INDOORS WILL BE EXPELLED FROM DAYCARE.
- 🐾** IF YOUR DOG HAS BEEN IN ANY TYPE OF KENNEL/BOARDING FACILITY YOU MUST WAIT 10 FULL DAYS BEFORE RETURNING TO DAYCARE. THIS IS TO PREVENT THE RISK OF ILLNESS BEING BROUGHT INTO OUR FACILITY. MOST TRANSMISSIBLE ILLNESSES HAVE AN INCUBATION PERIOD OF 7-10 DAYS.
- 🐾** DOGS MUST WEAR FLAT BUCKLE/SNAP COLLARS WHEN THEY ARE OFF-LEASH.
- 🐾** DOGS MUST HAVE BASIC MANNERS. THIS MEANS THAT WE EXPECT DOGS TO MIND THE HUMANS THAT ARE TAKING CARE OF THEM. DOGS THAT BARK EXCESSIVELY OR BULLY OTHER DOGS, OR DOGS THAT ARE DESTRUCTIVE, GENERALLY OBNOXIOUS OR LISTEN POORLY WILL BE PUT "ON NOTICE". OFTEN THESE ARE BEHAVIORS THAT OUR IN-HOUSE OBEEDIENCE TRAINER CAN "FIX". A MEETING WILL BE SCHEDULED WITH THE TRAINER AND OWNER AND DOG AND SOLUTIONS TO REMEDY UNWANTED BEHAVIORS WILL BE DISCUSSED AND AN ACTION PLAN WILL BE AGREED UPON BEFORE THE RE-ADMITTANCE OF THE DOG INTO DAYCARE.
- 🐾** DOGS ARE REQUIRED TO BE UP TO DATE ON A FLEA PREVENTION PROGRAM AND AN INTERNAL PARASITE PREVENTION PROGRAM. PLEASE APPLY ANY TYPE OF FLEA/TICK PREVENTATIVE PRESCRIBED BY YOUR VET 24 HOURS BEFORE ENTERING TO DAYCARE. IF YOUR DOG IS FOUND WITH ANY EXTERNAL PARASITES AN ANTI-FLEA/TICK BATH WILL BE GIVEN AND CHARGED TO YOUR ACCOUNT ACCORDING TO THE EFFECTIVE GROOMING PRICES. AFTER THAT, YOU AS AN OWNER MUST SHOW PROVE OF THE PARASITE PROTECTION PRESCRIBED AND APPLIED BY YOUR VETERINARIAN.
- 🐾** ALL DOGS MUST HAVE A COMPLETE VACCINATION SCHEME INCLUDING KENNEL COUGH PLUS BE 16 WEEKS OF AGE OR OLDER.



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- 🐾 DOGS MUST BE PICKED UP BY THE DAYCARE'S CLOSING TIME. OWNERS OF DOGS THAT REMAIN AFTER HOURS WILL BE CHARGED AN ADDITIONAL \$20 DOLLARS PER HOUR PASSED. IF A DOG REMAINS PAST 30 MINUTES AFTER CLOSING AND NO CONTACT HAS BEEN MADE, THE DOG WILL BE CARED FOR OVERNIGHT AT A CHARGE OF \$40/NIGHT. IF, BY THE NEXT TWO DAYS, THE DOG HAS NOT BEEN PICKED-UP AND NO CONTACT HAS BEEN MADE, THE DOG WILL BE SURRENDERED TO THE LOCAL ANIMAL SHELTER AND ALL SERVICES BY SECTOR WOOF CANINE FITNESS & WELLNESS PROVIDED TO THIS OWNER WILL BE SUSPENDED INDEFINITELY.
- 🐾 RESERVATIONS CAN BE MADE TO ENSURE A SPACE IN DAYCARE. CANCELLATIONS WITH LESS THAN 12 HOUR NOTICE WILL BE CHARGED FULL FEES. THERE IS NO GUARANTEE OF A SPOT IN DAYCARE IF YOU DROP IN.

DOG PLAY

- 🐾 DOGS PLAY WITH THEIR MOUTH AND PAWS. SOMETIMES THEY WILL COME HOME WITH SCRAPES OR SCRATCHES WHICH OCCUR WHILE THEY ARE PLAYING. IT IS VERY IMPORTANT TO KEEP YOUR DOG'S NAILS CUT SHORT TO ENSURE THAT THEY WILL NOT CAUSE EXCESSIVE HARM TO ANOTHER DOG OR THE STAFF. WE HAVE PROFESSIONAL GROOMERS ON STAFF. IF YOUR DOG NEEDS A NAIL TRIM, PLEASE ASK ABOUT SCHEDULING AN APPOINTMENT.
- 🐾 PLEASE NOTE: IF THE STAFF FEELS THAT YOUR DOG'S NAILS ARE LONG ENOUGH TO BE A DANGER TO THE STAFF OR ANOTHER DOG, WE WILL TRIM YOUR DOG'S NAILS. THE COST FOR THIS WILL BE \$15 + HST.
- 🐾 DOGS IN DAYCARE PLAY HARD AND WILL BE VERY THIRSTY WHEN THEY COME HOME EVEN THOUGH THEY RECEIVE WATER SEVERAL TIMES A DAY WHILE PLAYING WITH THEIR FRIENDS. GIVE SMALL AMOUNTS OF WATER WHEN YOU GET HOME TO REDUCE THE CHANCES OF VOMITING OR BLOAT.
- 🐾 IF YOU ARE UNCOMFORTABLE WITH THE WAY DOGS PLAY, DAYCARE MAY NOT BE FOR YOU AND YOUR DOG!

ADDITIONAL INFORMATION

- 🐾 FEES ARE DUE AND PAYABLE ON THE DAY WHICH DAYCARE SERVICES ARE PROVIDED BEFORE YOUR DOG LEAVES UNLESS WE ARE HOLDING A CURRENT CREDIT CARD NUMBER ON FILE.
- 🐾 PLEASE MAKE SURE YOU UPDATE US IF YOUR CARD IS LOST/STOLEN OR THE EXPIRATION DATE CHANGES.
- 🐾 PLEASE POTTY YOUR DOG BEFORE BRINGING HIM/HER INTO DAYCARE. DOGS GET EXCITED ON THE RIDE HERE AND USUALLY HAVE TO GO. IF, FOR ANY REASON, YOU ARE UNABLE TO BRING YOUR DOG INTO THE FACILITY DUE TO ANY PHYSICAL CONDITION OR ANY OTHER REASON, LET US KNOW AND WE CAN DO IT FOR YOU.

MEDICAL RELEASE

- 🐾 DURING OUR ABSENCE, SECTOR WOOF CANINE FITNESS & WELLNESS WILL BE CARING FOR OUR PET(S). IN THE EVENT OF A MEDICAL EMERGENCY, I/WE GIVE THEM PERMISSION TO SEEK ANY/ALL MEDICAL ATTENTION NECESSARY. IN EXTREME CASES, PLEASE USE YOUR BEST PROFESSIONAL JUDGEMENT IN RENDERING YOUR DECISION.
- 🐾 I/WE WILL BE RESPONSIBLE FOR ALL EXPENSES INCURRED FOR BOTH THE TREATMENT OF OUR PET(S) AND THE TIME SPENT BY ANY OWNER OR STAFF MEMBER OF SECTOR WOOF CANINE FITNESS & WELLNESS.
- 🐾 A COPY OF THIS CONTRACT WILL BE GIVEN TO YOUR VET, TO BE KEPT IN THEIR FILE.
- 🐾 IN THE EVENT OF AN EMERGENCY, EVERY ATTEMPT WILL BE MADE TO CONTACT YOU. I/WE HAVE READ AND UNDERSTAND THE ABOVE MEDICAL RELEASE FORM. BY SIGNING THIS AGREEMENT, I/WE WAIVE ANY CLAIM AGAINST SECTOR WOOF CANINE FITNESS & WELLNESS AND/OR ITS EMPLOYEES



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CREDIT CARD INFORMATION

- I HEREBY CERTIFY THAT THE FOLLOWING CREDIT CARD IS IN MY NAME.
- I AUTHORIZE SECTOR WOOF CANINE FITNESS & WELLNESS TO CHARGE THIS CREDIT CARD FOR ALL SERVICES PROVIDED IF MY DOG IS NOT PICKED-UP AND I/WE DO NOT ANSWER TO ANY OF THE CONTACT INFORMATION PROVIDED.
- I WILL AUTHORIZE ITS USE TO PURCHASE PRODUCTS AND SERVICES FROM SECTOR WOOF CANINE FITNESS & WELLNESS. THE AMOUNT CHARGED WILL DEPEND ON HOW OFTEN I BRING MY DOG(S) TO DAYCARE AS WELL AS OTHER GOODS AND SERVICES THAT I PURCHASE FROM SECTOR WOOF CANINE FITNESS & WELLNESS.

CREDIT CARD: _____ EXP. DATE: _____ / _____ SECURITY CODE: _____

HOURS

MONDAY - FRIDAY: 7:00 AM – 5:00 PM

RATES

- FULL DAY (>5 HOURS): \$27 + HST
- HALF DAY (≤5 HOURS): \$17 + HST
- LATE PICK UP FEE (AFTER 5:15 PM): \$20 + HST/HOUR

PACKAGES

OUR PACKAGES EXPIRE 40 DAYS AFTER THE FIRST VISIT.

WE OFFER THE FOLLOWING PACKAGES

- SILVER PACKAGE:** 8 VISITS; PACKAGE PRICE: \$210 + HST/MONTH
- GOLD PACKAGE:** 12 DAYS; PACKAGE PRICE: \$310 + HST/MONTH
- DIAMOND PACKAGE:** 20 DAYS + GROOMING (BATH, BRUSH, DRY, NAIL CLIPPING AND EAR CLEANING); PACKAGE PRICE: \$530 + HST/MONTH

WAIVER OF INDEMNITY

- I UNDERSTAND THAT BY HAVING MY DOG PARTICIPATE IN DAYCARE PROGRAMS/SERVICES AT SECTOR WOOF CANINE FITNESS & WELLNESS, THAT (S)HE WILL BE IN CLOSE PHYSICAL CONTACT WITH PEOPLE AND OTHER DOGS OF ALL VARIETIES. SHOULD MY DOG IN ANY WAY CAUSE DAMAGE OR HARM, TO ANY PERSON, ANIMAL OR PROPERTY, OR SHOULD MY DOG IN ANY WAY BECOME HARMED BY ANY PERSON, ANIMAL OR PROPERTY WHILE IN THE CARE ON OR OFF THE PROPERTIES OF SECTOR WOOF CANINE FITNESS & WELLNESS, I AGREE TO INDEMNIFY AND HOLD HARMLESS SECTOR WOOF CANINE FITNESS & WELLNESS, IT'S OFFICERS, EMPLOYEES AND AFFILIATIONS FROM ANY LIABILITY, COSTS, EXPENSES OR CLAIMS RESULTING FROM THIS WAIVER OF INDEMNITY.
- I UNDERSTAND AND AGREE THAT SECTOR WOOF CANINE FITNESS & WELLNESS, IT'S OFFICERS, EMPLOYEES AND AFFILIATIONS TAKES REASONABLE PRECAUTIONS TO AVOID THE OCCURRENCE OF INJURY/ILLNESS, TRANSMISSION OF FLEAS (OR OTHER PARASITES) AND/OR DISEASE, BUT THAT BECAUSE MY DOG IS IN CLOSE PHYSICAL CONTACT WITH OTHER DOGS OF ALL VARIETIES THAT INJURY/ILLNESS, TRANSMISSION OF FLEAS (OR OTHER PARASITES) AND/OR DISEASE COULD HAPPEN DESPITE ALL PRECAUTIONS TAKEN. I THEREFORE AGREE TO INDEMNIFY AND HOLD HARMLESS SECTOR WOOF CANINE FITNESS & WELLNESS, IT'S OFFICERS, EMPLOYEES AND AFFILIATIONS FROM ANY LIABILITY, COSTS, EXPENSES OR CLAIMS RESULTING FROM MY DOG'S ATTENDANCE AND PARTICIPATION IN SECTOR WOOF CANINE FITNESS & WELLNESS DAYCARE PROGRAMS/SERVICES.



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- 🐾** I GRANT PERMISSION TO SECTOR WOOF TO USE PICTURES OR VIDEOS TAKEN OF ME, MY FAMILY, AND/OR MY DOG(S) DURING PARTICIPATION IN THIS EVENT. I UNDERSTAND THESE IMAGES MAY BE USED FOR PROMOTIONAL, NEWS, RESEARCH, AND/OR EDUCATIONAL PURPOSES, INCLUDING ON THE INTERNET. I UNDERSTAND THAT IMAGES POSTED ON THE INTERNET CAN BE DOWNLOADED BY ANY COMPUTER USER. I WAIVE MY RIGHT TO INSPECTION OR COMPENSATION.
- 🐾** I UNDERSTAND THAT BY ADMITTING MY DOG INTO SECTOR WOOF CANINE FITNESS & WELLNESS DAYCARE PROGRAMS/SERVICES THAT THE OFFICERS, EMPLOYEES AND AFFILIATIONS OF SECTOR WOOF CANINE FITNESS & WELLNESS HAVE RELIED ON MY REPRESENTATION OF THE TEMPERAMENT AND HEALTH OF MY ANIMAL. I DECLARE THAT MY DOG HAS NOT HARMED ANY PERSON OR DOG AND HAS NEVER SHOWN AGGRESSION OR THREATENING BEHAVIOR OF ANY KIND TOWARD ANY PERSON OR ANY OTHER DOG.
- 🐾** I FURTHER UNDERSTAND THAT ANY MEDICAL ISSUES THAT REQUIRE IMMEDIATE VETERINARY ATTENTION WHILE MY DOG IS IN THE CARE OF SECTOR WOOF CANINE FITNESS & WELLNESS WILL BE TREATED AT THE SOLE DISCRETION OF THE OFFICERS OR EMPLOYEES OF SECTOR WOOF CANINE FITNESS & WELLNESS, AND I ASSUME FULL FINANCIAL RESPONSIBILITY FOR ANY AND ALL VETERINARY EXPENSES THAT MAY OCCUR.
- 🐾** I DECLARE THAT MY DOG IS UP TO DATE (HAS RECEIVED VACCINATIONS OR TITER TEST IN THE PAST YEAR) ON THE FOLLOWING VACCINATIONS: PARVOVIRUS, DISTEMPER, HEPATITIS, PARAINFLUENZA, RABIES AND BORDETELLA.
- 🐾** I HAVE READ THE RULES & REGULATIONS FOR DAYCARE AND DECLARE THAT MY DOG MEETS THE CRITERIA LISTED. I FURTHER UNDERSTAND THAT SHOULD IT BE DEEMED BY SECTOR WOOF CANINE FITNESS & WELLNESS STAFF THAT MY DOG IS UNSUITABLE FOR DAYCARE, FOR ANY REASON, THAT MY DOG WILL BE REMOVED FROM THE COMMUNAL AREA AND CONFINED AND I WILL BE CONTACTED TO COLLECT MY DOG.
- 🐾** BY SIGNING THIS FORM BELOW, I DECLARE THAT I HAVE READ AND UNDERSTAND THE INFORMATION ON THIS FORM AND AGREE TO I AGREE TO INDEMNIFY AND HOLD HARMLESS SECTOR WOOF CANINE FITNESS & WELLNESS, IT'S OFFICERS, EMPLOYEES AND AFFILIATIONS.

ACCEPTED BY

SIGNATURE

PRINT NAME

DATE

WITNESS

DATE
