Username:

Password:

\*\*Please provide a Username and Password for our online booking system. Password must be 8 or more characters with at least one capitol, lower case and special character\*\*

**GUEST PROFILE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  | |  |
| Person: First Name | | Last Name | | Eval Date |
|  | |  |  | |
| Address | | City Zip Code | Email | |
|  | |  |  | |
| Phone number: Mobile | | Home phone | Work phone | |
|  | |  |  | |
| Second Owner | | Second Owner Telephone |  | |
|  | |  |  | |
| How did you hear about us? |  | | | |
|  | |  |  | |

**DOG’S INFORMATION**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | |  | | | male  female | | | | Yes  No | |
| Dog’s name | | | | Birthday (mm/dd/yyyy) | | | Sex | | | | Spayed/Neutered? | |
|  | | | |  | | | | | | | | |
| Breed(s) |  | | | Colors/markings | | | | | |  | | |
|  |  | | |  | | | | | |  | | |
| Vet’s name (business name) | | | | Vet’s phone | | | | | | | | |
| When and where did you get your dog? | |  | | | | | | | | | | |
|  | | | | | | | | | | | | |
| If adopted, do you have any knowledge of your dog’s history? If yes, explain.  What services are you looking for at Dog days?  Weekly Daycare  Occasional daycare  One time boarding  Occasional Boarding | | | | | | | | | | | | |
| Has your dog ever attended daycare? | | | | | | Yes | | No | | | |
|  | | | | | | | | | | | |
| If yes, describe the experience | | | | | | | | | | | |
| Has your dog ever been boarded? | | | | | | Yes | | No | | | |
|  | | | | | | | | | | | |
| If yes, describe the experience | | | | | | | | | | | |
| How often does your dog spend time with other dogs? | | | | | Never  Occasionally  Often | | | | | | |
| How often does your dog go to the dog park? | | | | | Never  Occasionally  Often | | | | | | |
| Has your dog been injured at a dog park, daycare or while playing with other dogs? | | | | | | | Yes | | No | | |
|  | | | | | | | | | | | |
| What situations may cause your dog to become uncomfortable (check all that apply) | | | | | | | | | | | |
| Grabbing collar Hugging Removing from furniture Touching while sleeping Bathing  Brushing  Guarding food/toys Nail trimming Touching ears/paws/mouth/tail Around other dogs Other None | | | | | | | | | | | |
| If your dog was to become uncomfortable what would they do? (check all that apply): | | | | | | | | | | | |
| Will bite  May bite  Growls  Snaps  Shows teeth  Freezes  Trembles  Avoid  Shut down | | | | | | | | | | | |
| Has your dog ever injured anyone? | | | | | | Yes | | No | | | |
|  | | | | | | | | | | | |
| If yes, explain | | | | | | | | | | | |
| If yes, did the bite puncture or tear the skin? | | | | | | Yes | | No | | | |
|  | | | | | |  | |  | | | |
| Has your dog taken any form of obedience training? | | | | | | Yes | | No | | | |
| If yes, please explain the timeframe and training: | | |  | | | | | | | | |
|  | | | | | | | | | | | |
| Does your dog eat or chew on bedding? | | | | | | Yes | | No | | | |
|  | | | | | |  | |  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| What is your current method off flea control? |  | | |
| Is your dog on monthly heartworm medication? | | Yes | No |
| Has your dog been de-wormed in the past 6 months by your vet? | | Yes | No |
| Has your dog ever had kennel cough? | | Yes | No |
| Has your dog been ill in the last 30 days? | | Yes | No |
|  | | | |
| If yes, explain | | | |
| Has your dog had surgery in the past year? | | Yes | No |
|  | | | |
| If yes, explain | | | |
| Does your dog have any medical conditions? | | Yes | No |
|  | | | |
| If yes, explain | | | |
| Does your dog have any allergies? | | Yes | No |
|  | | | |
| If yes, please list and describe symptoms.  **DIET** | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Type and brand of food: | |  | | | | |
|  | | | |  | | |
| How much per feeding? | | | | How often? | | |
| At feeding times, how does your dog tend to eat?  Fast  Slow | | | | | | |
| Check your dog’s eating habits: | | | | | | |
| Eats all food at meal time  Eats all food at mealtime | | Goes for periods without eating  Requires more palatable food to be mixed in | | | |
| Has your dog ever suffered from Canine Bloat? | | | | | Yes | No |
| If your dog has an upset stomach, can we feed them a bland diet to settle their tummy? | | | | | Yes | No |

**SERVICES AGREEMENT**

This is an agreement between DOG DAYS PDX, INC, doing business as “DOG DAYS” and the Owner/Guardian whose name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and whose signature appears on Page 2 (hereinafter called “Owner/Guardian”). Following are the terms of service for the stay of the Owner/ Guardian’s dog (Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (the “Dog”) as a reservation or daycare stay at DOG DAYS. By signing below, in consideration of the services rendered by DOG DAYS to the Dog(s), Owner/Guardian acknowledges reading, understanding, and accepting the statements herein.

AGREEMENT TO PARTICIPATE AND LIABILITY WAIVER: Owner/Guardian understands certain “activities” that the Dog may participate in, including daycare, grooming, training, boarding, one-on-one play, movement within and outside the facility, involve risk and possible injury, including but not limited to: exposure to parasites, viruses, and other medical conditions passed from dog-to-dog or person-to-dog; sprains, strains, bites, broken bones; fatigue, dehydration, nicks, cuts, loss of Dog or death.

Owner/Guardian further understands that not each and every potential risk can be listed above but, nonetheless agree that the benefits associated with dog socialization outweigh the possible risks, therefore, Owner/Guardian hereby voluntarily releases, forever discharges, and agrees to hold harmless and indemnify DOG DAYS and its agents, successors, heirs, from any and all liability, claims, demands, actions, or rights of action, which are related to, arise out of, or are in any way connected with the Dog’s participation in activities at DOG DAYS, including those allegedly attributable to the negligent acts or omissions of DOG DAYS or their staff.

PHOTOGRAPHS AND STATEMENTS:  
Owner/Guardian authorize use of the Dog’s visual image(s) and statements in newsletters, website, posters, and other materials.

**RULES**

**Overnight Reservations**A room can only be guaranteed if your reservation is confirmed in advance. To confirm your reservation, we require: **Proof of your dog’s current vaccinations from your vet. This can be faxed to DOG DAYS at 503-894-9952. Signed copies of the DOG DAYS Rules, Services Agreement and Guest Pro le forms.**

**Vaccinations & Health Policy**We require a veterinarian certificate indicating proof of vaccination for Rabies, DHPP, and Bordetella. We recommend the Bordetella vaccination be administered every 6 months, within the year is required. If the Bordetella vaccine has never been given, or if it has expired, a 7 day waiting period is required after the administration. For all other vaccinations, a 24 hour waiting period is required after the first administration of a vaccination or if it has expired. Have your vet fax us a copy at 503-894-9952

**Hours & Late Pick-up Policies  
Regular business hours:** Monday – Friday 7 a.m. – 7 p.m. Saturday 9 a.m. – 5 p.m. and Sunday 9 a.m. – 5p.m. Sunday-Saturday all dogs must arrive for daycare or boarding by 12 p.m. (Hours are subject to change without notice.) **Hotel/Overnight Check-in and checkout policy:** Standard hotel check-in may occur any time before 12 p.m. on arrival day. Checkout is by 12 p.m. on the departure day, seven days a week. Late checkout is a $19 fee for a half day of daycare if the guest is picked up after noon. **Daycare Late Policy:** Guests must be picked up by 7 p.m. Monday – Friday. All Daycare guests staying past business hours will be checked into a room in the hotel and a late fee will apply. For pick-ups after 8:30 p.m., an overnight room charge will apply. Regular boarding policies apply to all hotel guests.

**Flea & Internal Parasite Control**All guests must have been treated with an effective form of flea control treatment. If external parasites are discovered upon check-in, guests will be treated with an effective form of flea control at owner/guardian’s expense. If internal parasites are discovered during a guest’s stay, treatment and additional private room charges may apply at the owner/guardian’s expense.

**Age/Sex**All guests staying at DOG DAYS must be at least 5 months old. To join daycare, all guests must be spayed or neutered, unless under 7 months of age. Once they are over 7 months of age they must be spayed or neutered in order to socialize with the other guests in our daycare.

**Temperament Evaluation**To ensure the safety of all other guests and employees, all guests must undergo a temperament evaluation before taking part in social activities at DOG DAYS. After you have completed your evaluation your first three daycare visits will still be considered part of your evaluation. That way we can assess if your dog will truly be comfortable in this environment over a course of a normal day for them, that way we can see how they interact with the other dogs on each day and all of our staff. If a dog hasn’t come to daycare or been boarded in 6 months they must have another evaluation to see if they will be comfortable with the new dogs and new staff, we have acquired over that time.

**Personal Belongings**As a full-service dog hotel, we provide the comforts of home including premium dog bedding and bowls. We highly recommend that you only bring the necessary things for your dog’s stay, primarily their food and any medications they need. We recommend this because personal belongings can easily be lost or damaged.

**Feeding/Medication**Owners are encouraged to bring their own brand of dog food as most dogs are sensitive to sudden dietary changes. Please provide ample food for your dog’s entire stay. Alternately, owners may purchase food from our retail store. If your dog requires medication, please make sure it is labeled and that dosage instructions are included. A $5 fee may apply for specialty meal preparation involving cooking and/or thawing of meals. A service fee will apply if DOG DAYS is required to purchase food from a different location. Owner/Guardian agrees to disclose to DOG DAYS any allergies the Dog may have. Owner/Guardian further agrees to disclose to DOG DAYS any special dietary needs or medications the Dog may require if necessary during activities at DOG DAYS

**Health**All guests must be in good health. DOG DAYS will not accept the following. Guests that have a terminal illness, guests that require medical treatment beyond the dispensing of oral and topical medication. Examples include shots, drains, bandage changes, suture removal, etc. Guests that are not capable of walking, urinating and eliminating without assistance, guests that have had or been exposed to a contagious, communicable disease and/or illness of any type during the thirty (30) days before scheduled check-in. DOG DAYS will require veterinarian documentation proving a clean health record after treatment and/or medication has been administered and completed. Pets displaying signs of issues including, but not limited to, incontinence, severe lack of mobility, epilepsy, or diabetes will not be accepted as guests.

**Behavior**DOG DAYS does not allow dogs that have caused injury or shown aggression toward humans or other dogs. Also, DOG DAYS should not be how you first socialize your dog, any dog that comes to DOG DAYS must already be socialized and comfortable with dogs.

**Cancellations & Payment & Holiday Minimum Stay Policy**For non-holidays, please notify us of your cancellation 24-hours in advance. For holiday reservations, we require 10-day advance notice and a non-refundable deposit for the rest night at the time of reservation. If we do not receive your cancellation within the timeframe listed above you will be charged for one night of boarding ($42.00). No shows will be charged for the reservation in its entirety. Please note that there is a $25 returned check fee.

**We have a minimum stay requirement of (3) nights for peak holiday periods as referenced below: Three-night minimum stay: July 3-6 | November 24-27 | December 23-26**

ASSUMPTION OF RISK: OWNER/GUARDIAN ACKNOWLEDGES AND IS AWARE THAT EMPLOYEES OF DOG DAYS ARE NOT VETERINARIANS AND DO NOT HAVE BACKGROUNDS IN ANIMAL MEDICINE AND ARE NOT EXPECTED TO DIAGNOSE OR DETECT ILLNESSES IN THE GUESTS THAT ARE STAYING AT DOG DAYS. IN ADDITION, OWNER/GUARDIAN ACKNOWLEDGES AND IS AWARE THAT VACCINES DO NOT PROTECT AGAINST ALL COMMUNICABLE ILLNESSES THAT MAY AFFECT A GUEST. OWNER/GUARDIAN ACKNOWLEDGES AND AGREES THAT THEY ARE ASSUMING (I) ALL RISK OF ILLNESS, DISEASE, HARM OR OTHERWISE TO THEIR DOG BY ALLOWING THEIR DOG TO STAY AT DOG DAYS AND (II) ALL RISK OF DAMAGES CAUSED BY THEIR DOG TO OTHER DOGS, TO ANY DOG DAYS EMPLOYEE, AGENT OR TO ANY DOG DAYS ASSET AND THAT DOG DAYS SHALL HAVE NO LIABILITY FOR ANY HARM TO SUCH DOG.

**I have read and fully understand “DOG DAYS’s Rules” and agree to abide by them:**

**Owner/Guardian**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature |  | Date |
|  |  |  |
| NAME (Please print) |  | Dog’s name |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Emergency contact (local and not an owner) | Phone | Relationship to owner |
|  |  |  |
|  |  |  |