

# A Dog's Day Playhouse

**Toll Free #: 1(877) DOGS-DAY**

Fax: 1(847) 310-4783

1375 N. Roselle Rd. Schaumburg, IL 60195

[www.adogsdayplayhouse.org](http://www.adogsdayplayhouse.org)

**Hours: Monday through Friday 7:00 AM to 7:00 PM**

Drop your canine friend off in the morning and he can frolic in a safe environment with other dogs, is given outdoor playtime in our fenced-in area, and provided quiet time so that all dogs can relax!

## List of Services:

1 Full Day	\$30 (Each additional dog \$18)
12 Full Days	\$342 (Each additional dog \$190)
16 Full Days	\$432 (Each additional Dog \$250)
20 Full Days	\$500 (Each additional dog \$300)
1 Half Day	\$15 (Each additional dog \$15)
12 Half Days	\$168 (Each additional dog \$85)
16 Half Days	\$208 (Each additional dog \$144)
20 Half Days	\$240 (Each additional dog \$170)
Pet Taxi Service	\$30 / roundtrip
Airport Service	\$50 / each way

## A Dog's Day Playhouse Daycare Requirements

We want to make it as convenient as possible to enroll your dog into our daycare program. However, for the safety of your dog and others, we have a few requirements to which you must adhere:

1. You must make a preliminary visit to A Dog's Day Playhouse for a full tour of the facility and an interview. Your dog must pass a temperament test during this interview but it is also important for you and your dog to become familiar with our facility and staff. He/she must be well socialized and not aggressive towards other dogs or people. Although this is the first step, our hope is that our dogs and our owners feel as if they are a part of A Dog's Day Playhouse.
2. You must show proof that your dog's vaccinations for Rabies, Distemper, and Bordatella are current. Flea-control and heartworm prevention programs, although are not required, are strongly encouraged.
3. Your dog must be wearing current identification tags including his/her name and your current phone number.
4. Your dog must be spayed or neutered by six (6) months of age.
5. Your dog must be at least six (6) months of age.
6. If we are providing transportation for your dog then your dog must be wearing a form fitting, buckle-style collar. No pinchers or chokers.
7. Please do not bring any toys, beds, treats, or leashes.

## A Dogs Day Play House Transportation Requirements

If A Dog's Day Playhouse is providing transportation for your dog, please review the following transportation requirements:

If you are not going to be home during the transportation pick-up and drop-off windows, you must provide A Dog's Day Playhouse with two (2) COMPLETE SETS of keys to your home.

You must allow your dog to eliminate before being picked up.

Our dog must be wearing a buckle-style or clip, leather or nylon collar. No pinchers or chokers.

Your dog must be wearing a buckle-style or clip, leather on nylon harness.

Your dog must be wearing current identification tags including his/her name and current phone number.

Your dog must be ready for transportation by 7:00 AM for the morning pick-up or 2:00 PM for the afternoon pick-up. Please remember that the pick-up/drop-off window is between 7:00 AM and 9:00AM. The afternoon pick-up/drop-off window is between 1:00 PM and 3:00 PM.

# A Dog's Day Playhouse Client Information Sheet

## Owner Information

Salutation: Mr. Ms. Mrs. Dr.

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Mobile #: \_\_\_\_\_

## Home/Primary Address Information

Street: \_\_\_\_\_ Apt. /Unit #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home #: \_\_\_\_\_

## Work/Secondary Address Information

Company Name: \_\_\_\_\_

Street: \_\_\_\_\_ Suite #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work #: \_\_\_\_\_

## Spouse/Partner Information

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

Company Name: \_\_\_\_\_

Mobile #: \_\_\_\_\_ Work #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

## Emergency Contact Information

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

## Additional Information

Please tell us how you heard about A Dog's Day Playhouse:

Drive-By Website Yellow Pages Direct Mail Newspaper E-mail Special Event

Referral Name: \_\_\_\_\_ Other: \_\_\_\_\_

# A Dogs Day Playhouse Doggie Information Sheet

## General Information

Dog's First Name: \_\_\_\_\_ Dog's Last Name: \_\_\_\_\_  
Breed: \_\_\_\_\_ Weight: \_\_\_\_\_ lbs. Sex: Male Female  
Color: \_\_\_\_\_ Markings: \_\_\_\_\_  
Dog's Birthday: \_\_\_\_\_

## Vaccination History

*Rabies	Yes	No	Expiration Date	_____	
*Distemper	Yes	No	Expiration Date	_____	
*Parvo	Yes	No	Expiration Date	_____	
*Bordatella/Kennel Cough	Yes	No	Expiration Date	_____	
Lepto	Yes	No	Expiration Date	_____	
Corona	Yes	No	Expiration Date	_____	
Lyme	Yes	No	Expiration Date	_____	
Heartworm	Yes	No	Expiration Date	_____	
Giardia		Yes	No	Expiration Date	_____
_____	Yes	No	Expiration Date	_____	

## Medical History

Is your dog spayed or neutered? Yes No  
Does your dog have any special medical conditions or allergies? Yes No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

## Behavioral, Training, and Temperament Information

Has your dog had any formal obedience training? Yes No  
Please describe your dog's temperament: \_\_\_\_\_  
Please describe any behavioral problems: \_\_\_\_\_  
Do you have any special instructions for handling your dog? \_\_\_\_\_  
\_\_\_\_\_

## Veterinary Information

Hospital Name: \_\_\_\_\_  
Doctor's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone #: \_\_\_\_\_

## Feeding Information

Type of Food: \_\_\_\_\_ Cups Per Meal: \_\_\_\_\_

# A Dog' Day Playhouse General Release of Liability

Dog's First Name: \_\_\_\_\_ Dog's Last Name: \_\_\_\_\_

## **Daycare without Transportation:**

There is no reservation required for this service. Daycare hours are Monday through Friday, 7:00 AM – 7:00 PM.

## **Daycare with Transportation:**

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

Please circle the days for your requested daycare schedule with transportation.

Monday      Tuesday      Wednesday      Thursday      Friday

Do you have any special instructions for picking up or dropping off your dog?

\_\_\_\_\_  
\_\_\_\_\_

Please acknowledge the following policy statements by initialing in the space provided.

\_\_\_\_\_ For myself, my heirs, and any assigns, I hereby release A Dogs Day Playhouse, it's agents, officers, subcontractors, employees, animal owners, customers and potential customers of A Dog's Day Playhouse from any and all liabilities, financial or otherwise, for injuries to myself, my dog, or any other property of mine which arise in any way from our official services and/or products provided by or as a consequence of my association with A Dog's Day Playhouse.

\_\_\_\_\_ In consideration of the services rendered to the Client by A Dog's Day Playhouse, the Client waives any and all claims, actions, or demands of any nature, foreseen or unforeseen, that he/she may have now or in the future, against A Dog's Day Playhouse relating to the care, control, health and/or safety of the client's dog arising during pick-up, transportation, drop-off, and stay at the facilities at which the Client's dog is being cared for.

\_\_\_\_\_ Due to many outstanding benefits of dog socialization and A Dog's Day Playhouse commitment to the safety and well-being of the Client's dog, the Client agrees that the benefits of dog socialization outweigh the risks. Furthermore, the Client requests a socialized environment for their dog while under the care of A Dog's Day Playhouse.

\_\_\_\_\_ The Client agrees to assume all liabilities and responsibilities, financial or otherwise, for behavior and health of the Client's dog. The Client agrees to hold A Dog's Day Playhouse harmless from any claims, actions, or demands against A Dog's Day Playhouse arising during the pick-up, transport, drop-off, and stay at A Dog's Day Playhouse facilities.

\_\_\_\_\_ The Client authorizes A Dog's Day Playhouse to do whatever they deem necessary for the safety, health, and well-being of the Client's dog while under the care of A Dog's Day Playhouse.

\_\_\_\_\_ Dogs will be boarded overnight if the Client is more than one (1) hour late without notification. There is a dollar per minute charge up to \$60.00.

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

Client's Printed Name:

\_\_\_\_\_

Client's Signature:

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## A Dog's Day Playhouse Medical Treatment Release

Dog's First Name: \_\_\_\_\_ Dog's Last Name: \_\_\_\_\_

As the guardian of the above-referenced dog(s), I understand A Dog's Day Playhouse, it's employees, officers, directors, and agents will exercise due care to protect the health and safety of my dog while in their care, and in the event my dog becomes ill or sustains injury, I have given permission for those in charge to take whatever steps are necessary to obtain medical treatment for my dog, and I agree to pay all the charges incurred. I consent to any veterinarian being retained to render care for my dog(s). I understand the concept of dog day care is to allow dogs to socialize by interacting with people and other dogs. As always, with the interaction of dogs, there is chance of injury. I assume all risk of injury to my dog(s) while at A Dog's Day Playhouse or in transportation to any veterinarian clinic, so long as reasonable care is taken to prevent any unnecessary injury, death, or loss. By entering my dog(s) in A Dog's Day Playhouse, I agree not to file legal charges against A Dog's Day Playhouse, their employees, officers, directors, or agents from any and all liability of any nature for any injury, death, or loss of my dog(s) resulting from A Dog's Day Playhouse's actions or from the action of my dog(s) or any other dog(s) while in the custody of, or in the grounds or surrounding area of A Dog's Day Playhouse. In the event my dog(s) causes injury to another dog or person while at A Dog's Day Playhouse, I agree to indemnify and subrogate A Dog's Day Playhouse from any action which may be brought against it and for any defense, settlement, or judgement against it. I will assume all liability for the actions of my dog(s) and agree to maintain personal liability insurance to cover me in the event of such and incident.

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

Owner's Printed Name:

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Owner's Signature:

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# A Dog's Day Playhouse Payment Authorization Agreement

Dog's First Name: \_\_\_\_\_ Dog's Last Name: \_\_\_\_\_

## Credit Card Information

Type of Card: Visa    Mastercard    Discover    American Express

Name (as it appears on card): \_\_\_\_\_

Card #: \_\_\_\_\_

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

CVV (last three digits located on the signature line on the back of your card): \_\_\_\_\_

**Billing Address** (If same as Home/Primary Address Information on Client Information From, just put "SAME".)

Street: \_\_\_\_\_ Apt. /Unit #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## Identification/Driver's License Information

ID/Driver's License State: \_\_\_\_\_ ID/Driver's License #: \_\_\_\_\_

## Payment Authorization

Please acknowledge the following statements by initialing in the space provided.

\_\_\_\_\_ I hereby authorize A Dog's Day Playhouse to charge my credit card for (1 full day/12 full days/16 full days/20 full days) if there is less than zero (0) credits remaining on my account. I understand that the package I purchase for daycare is non-refundable.

\_\_\_\_\_ I hereby authorize A Dog's Day Playhouse to charge any balance for any services on my account that are "past due". All payments are due when services are rendered.

\_\_\_\_\_ I understand that I am required to prepay for all services by check or cash should I choose not to put a valid credit card on file. I also understand that my dog(s) will not be eligible for transportation if payment is made when services are rendered.

By signing below, I acknowledge that I have read this Payment Authorization Agreement in its entirety and agree to the terms. My signature will also act as authorization for A Dog's Day Playhouse to charge the above listed credit card for services rendered and/or according to the policies of A Dog's Day Playhouse.

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

Client's Printed Name:

\_\_\_\_\_

Client's Signature:

\_\_\_\_\_