



1290 Hoyt St SE  
Salem, OR 97302  
(503) 584-1793  
Fax (503) 990-6782

## Daycare Application

Dog's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ M F

Breed \_\_\_\_\_

Spayed/Neutered? Y N

When? \_\_\_\_\_

Weight \_\_\_\_\_

Is your dog on a flea program? Y N

If yes, product used \_\_\_\_\_

Is your dog on a heartworm program? Y N

If yes, product used \_\_\_\_\_

Date of last application \_\_\_\_\_

Primary Owner's Name  
\_\_\_\_\_  
\_\_\_\_\_

Additional Owner's Name(s) authorized to drop off and pick up your dog  
\_\_\_\_\_  
\_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone \_\_\_\_\_

Evening Phone \_\_\_\_\_

Email Address: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

EMERGENCY CONTACT NAME \_\_\_\_\_

Phone \_\_\_\_\_



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Veterinarian Name \_\_\_\_\_

Veterinarian Phone \_\_\_\_\_

Has your dog had any of the following communicable diseases/conditions in the past 60 days? Check all that apply.

Kennel Cough      Oral Papillomas      Conjunctivitis      Diarrhea      Ear Mites      Fleas  
Mange      Parvo Virus      Blood in stool or urine      Worms (type) \_\_\_\_\_

Are there any medical conditions we should be informed of?

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

Please check all boxes that best describe your dog's temperament:

Laid back      Playful      Excitable      Shy      Dominant      Aggressive  
Other \_\_\_\_\_

Has your dog ever bitten another animal or person?      Y      N      If yes, please describe situation

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

When alone, does your dog tend to:      Chew      Dig      Bark      Cry/Howl      Escape  
Other \_\_\_\_\_

Has your dog attended any dog daycare or off-leash parks?      Y      N

If yes, were there any problems with other dogs or people?      Y      N      If yes, please describe

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

Please provide additional information you feel necessary to ensure the well-being of your dog and others

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



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*I/we certify that all the information above is true and accurate and ALL owners are listed above and have signed below. I/we have read all the terms and conditions on the reverse side of this form and agree to all the terms and conditions and release of liability set forth by The Dog Bark.*

Owner's Signature \_\_\_\_\_

Date \_\_\_\_\_

Owner's Signature \_\_\_\_\_

Date \_\_\_\_\_



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## CANCELLATION POLICY

### TERMS AND CONDITIONS

#### DAYCARE

A Daycare Application must be completed and signed by all owners of the dog and returned to The Dog Bark before attending daycare. We must receive paperwork from a licensed veterinarian verifying that your dog is current on all shots. All dogs must be on a leash when arriving and leaving the facility and must have a nylon, cloth or leather collar on while in daycare. **NO choke chains or prong collars are allowed while in daycare.** Please do not bring rawhide chews, toys or bones for daycare dogs. Any meals or medications must be supplied by the dog owner. Please place them in a plastic bag or container with their name on the outside and be sure to give special instructions in writing attached to the container. Food and medications will need to be brought with you each daycare day and taken home each night. Only socialized dogs are allowed to participate in daycare. Any signs of aggression toward another dog or person will terminate their daycare privileges.

#### BOARDING

All boarding dogs must have a Daycare application form and immunization records on file with The Dog Bark. For returning boarders, a veterinary exam is required every year. All boarding dogs must have a nylon, cloth or leather collar. **NO choke chains or prong collars are allowed.** All dogs must be on a leash when arriving or leaving the facility. Please supply ample amounts of food for your dog's stay PLUS 3 days extra for good measure. For those dogs that are not supplied ample food for their stay, The Dog Bark will feed the dog our house blend at a cost of \$1.00/cup. NO rawhide chews, bones or similar items will be allowed in order to protect your dog from choking. You may bring an item of clothing (or other comfort item) with your scent for your dog's room. The Dog Bark will not be responsible for the destruction of any items brought with you for your dog.

#### PAYMENT

**Boarding** - Cancellations to any portion of a boarding reservation during non-peak times must be made no later than 48 hours in advance of arrival date. Cancellations made with less than a 48-hour notice will incur a charge equal to the amount of a two-night stay. If the reservation is only for one night, the charge will only be for one night. A seven day notice will apply for cancellations made for all reservations during peak times **and for all extended stays.** Any cancellation or alteration of a reservation must be made seven days in advance of the arrival date. When the seven day notice applies any cancellation or alteration made with less than seven days notice will incur a charge equal to the amount of nights reserved or altered. Peak times include, but are not limited to, all reservations that include a holiday, holiday weekend (Friday through Sunday), the week of Thanksgiving, Christmas and New Years (Sunday through Sunday). All NSF checks will be assessed a \$40.00 handling fee. **By signing this cancellation policy, I agree to pay any and all charges that may result from improper cancellations of boarding reservations, as described above.**



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**Daycare Only** - Prepayment is required before your dog can participate in daycare. Cancellations to daycare reservations must be made by 6:00 pm the day before arrival. All daycare days must be paid for in advance and without adequate cancellation, the daycare day will be forfeited.

**ADDITIONAL CHARGES**

All dogs, whether boarding or daycare, will be checked for flea infestation. The Dog Bark reserves the right to turn away any dog with a flea infestation for a reserved stay. Dogs attending daycare and boarding are required to be on a monthly flea control program.

**LATE CHARGES**

**Boarding** - Check-out time at The Dog Bark is by NOON, each day. Pick-up made after NOON will be additionally charged for daycare depending on drop off and pick-up time. The additional charges will range from a half-day to a full-day of daycare. Hours of operation are subject to change.

**Daycare Only** - While there is a 15 minute grace period from 6:30pm - 6:45 pm, late charges are \$5.00 for every 15 minutes or fraction thereof past 6:45pm. Late charges must be paid at the time of late pick up. If your dog has still not been picked up by 7:30pm he/she will be bedded down for the night and full overnight charges will be assessed and must be paid before your dog is released to you. Your dog may be picked up the following morning after 8:00am but before 12:00pm to avoid additional charges. Dogs not picked up seven days or more after scheduled pick-up date will be considered abandoned and will be taken to a local animal shelter. Hours of operation are subject to change. **HA Y8 c[ '6 Uf\_ 'fYgYfj Yg'h Yf][ \ hrc' fYz gY'UbmgYfj jWg'z'f 'UbniXc[ žUhiUbniija Y'UbX'z'f 'UbnifYUgcb"**

**VETERINARY CARE**

Any dog, whether in daycare or boarding, may need immediate attention by a veterinarian while at our facility. If any such occurrence arises with your dog, we will seek medical help from an Oregon State licensed Veterinarian of The Dog Bark's choosing and charge your account for the full costs incurred for the treatment of your dog. These charges must be paid in full at the time you pick up your dog.

*I/we have read all the terms and conditions of the cancellation policy and agree to all the terms and conditions set forth by The Dog Bark.*

Owner's Signature \_\_\_\_\_

Date \_\_\_\_\_

Owner's Signature \_\_\_\_\_

Date \_\_\_\_\_



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**RELEASE OF LIABILITY**

IK 9 5 ; F99 HC D5 MDFCADH @Z-B : I @Z5 HHA 9 C : D-7 ? I D C : G5 -8 D9HZ5 BM5 B8 5 @Z7 <5 F ; 9G -B7I FF98 6MH<9 8C ; 65F?"

I/WE ALSO GIVE PERMISSION TO ANY VETERINARY CARE CENTER OF THE DOG BARK'S CHOICE TO TREAT OUR PET AS DEEMED NECESSARY FOR THE PET'S HEALTH AND WELL-BEING AND WILL BE SOLELY RESPONSIBLE FOR PAYMENT OF ANY CHARGES INCURRED FOR SUCH CARE AND TREATMENT.

I/WE CERTIFY THAT ALL OWNERS OF SAID PET NAMED ON THE FRONT OF THIS FORM ARE LISTED AND HAVE READ, FULLY UNDERSTAND THE ABOVE TERMS AND CONDITIONS AND AGREE TO RELEASE THE DOG BARK, IT'S OWNERS AND EMPLOYEES FROM ALL LIABILITY SHOULD ANY ILLNESS OR INJURIES, MILD OR SEVERE, BE INFLICTED UPON OR SUSTAINED BY MY/OUR PET WHILE IN THE CARE OF THE DOG BARK.

MY/OUR SIGNATURES ON THIS FORM ARE PROOF OF OUR ACCEPTANCE TO ALL OF THE TERMS AND CONDITIONS ABOVE AND THE RELEASE OF LIABILITY CLAUSE. SIGNATURES ARE REQUIRED BEFORE ANY SERVICES WILL BE RENDERED BY THE DOG BARK. THIS AGREEMENT HAS NO TIME LIMIT AND IS VALID AND ENFORCEABLE FOR ANY AND ALL FUTURE STAYS FOR OUR PET(S) AT THE DOG BARK.

IK 9 5 ; F99 H<5 H-B H<9 9J9BH H<5 H-#K 9 -B H5 H9 @ ; 5 @DFC7998 -B ; G5 ; 5 -BGH H<9 8C ; 65F? 5B8 8C BCH'DF9J5 -@  
IK 9 K -@D5 M5 @Z7 CI FH7 CGHG -B7I FF98 6MH<9 8C ; 65F?"

Owner's Signature \_\_\_\_\_

Date \_\_\_\_\_

Owner's Signature \_\_\_\_\_

Date \_\_\_\_\_



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**VETERINARY INSTRUCTIONS & MEDICAL RELEASE FORM**

**OWNER'S NAME (18 OR OLDER):**

**Dog's Name:** \_\_\_\_\_

**Description:** \_\_\_\_\_

**Age:** \_\_\_\_\_

**Medical conditions/medication:**

\_\_\_\_\_

\_\_\_\_\_

**Dog's Name:** \_\_\_\_\_

**Description:** \_\_\_\_\_

**Age:** \_\_\_\_\_

**Medical conditions/medication:**

\_\_\_\_\_

\_\_\_\_\_

**Dog's Name:** \_\_\_\_\_

**Description:** \_\_\_\_\_

**Age:** \_\_\_\_\_

**Medical conditions/medication:**

\_\_\_\_\_

\_\_\_\_\_

**Dog's Name:** \_\_\_\_\_

**Description:** \_\_\_\_\_

**Age:** \_\_\_\_\_

**Medical conditions/medication:**

\_\_\_\_\_

\_\_\_\_\_

*If any of the dogs named above becomes ill or is injured, I understand that The Dog Bark will attempt to contact me for my authorization for treatment. However, if both myself and my emergency contact are unavailable, I request that The Dog Bark take my dog(s) to:*

**Veterinary Office Name:**

\_\_\_\_\_

**Address:**

\_\_\_\_\_

\_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Alternate Veterinary Office Name:**

\_\_\_\_\_

**Address:**

\_\_\_\_\_

\_\_\_\_\_

**Phone Number:** \_\_\_\_\_



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*I give permission to The Dog Bark to approve treatment up to \$\_\_\_\_\_.*

*I will assume full responsibility upon my return for payment and/or reimbursement for veterinary services rendered up to the above stated amount.*

*If neither of the veterinary offices named above is available or if the emergency is life-threatening, I authorize The Dog Bark to take my dog(s) to another veterinary office for treatment.*

*I understand that The Dog Bark cannot be held responsible for the results of the veterinary treatment or the loss of my pet.*

*This agreement is valid as of the date below:*

**Owner's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Owner's Name (please print): \_\_\_\_\_

**Owner's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Owner's Name (please print): \_\_\_\_\_