



Expert **Doggie** Playcare & Training Centre
1611 Welch St. North Vancouver
604-990-1642
www.jonahsark.com

🐾 Date: D/_____/M_____/Y_____ ID Code: (For office use only)_____

🐾 Owners Name: _____

🐾 Home Phone: _____ 🐾 Cell Phone: _____

🐾 Work Phone: _____ 🐾 Email: _____

🐾 Address: _____

🐾 Emergency Contact: _____ 🐾 Phone: _____

🐾 Authorized Person(s) for Pick up: _____

🐾 Vet Clinic: _____ 🐾 Vet Phone: _____

🐾 How did you learn about us?

Internet search / Friends / Family / Referred by: _____ Other: _____

🐾 Dog's Name: _____ 🐾 Dog's Breed: _____

🐾 Dog's Date of Birth: D/____M/____Y/____ 🐾 Sex: M / F 🐾 Neutered/Spayed: Yes / No

🐾 When did you obtain your dog? D/____M/____Y/____ 🐾 Is your dog a rescue dog? Yes / No

🐾 Main reason(s) to bring your dog to playcare: (Please circle)

For Socialization Separation Anxiety To Burn off energy Other: _____

🐾 How often are you planning to send your dog to our playcare? (Please circle)

1 D/Week 2 D/Week 3 D/Week 4 D/Week every weekday Preferred day(s) _____

🐾 Does your dog interact well with other dogs? Yes / No

If no, please explain: _____

🐾 Has your dog ever shown aggression towards other dogs and or people? Yes / No

If yes, please explain: _____

Please turn the page over ↻

🐾 Is your dog housetrained? Yes / No

🐾 Has your dog ever been to a daycare? Yes / No

🐾 Does your dog have a history of medical problems? Yes / No

If yes, please provide details: _____

🐾 Does your dog have any allergies or require any daily medications? Yes / No

If yes, please provide details: _____

🐾 Please circle those that apply at present: (Please circle)

Arthritis Hip Dysphasia Vision impairments Hearing impairments frightened of thunder frightened of loud noises

🐾 Please provide any additional information about any physical or emotional issues:

For dogs that do not get vaccinated annually, please provide a copy of titer test certificate.

🐾 Credit Card used for payments and/or renewals: Visa / MC

Card #: _____ Expiry Date: Month: _____ Year: _____

Yes, I would like to be on automatic renewal program. Please initial: _____

Playcare Agreement:

- I hereby represent that I am the legal owner of the dog described above to be enrolled in Jonah’s Ark Doggie Playcare.
- I hereby waive and release Jonah’s Ark Doggie Playcare, its employees, owners, representatives and agents from any and all liability, which my dog may suffer, including specifically, but not without limitation, any injury or damage whatsoever arising from the dogs attendance and participation at Jonah’s Ark Doggie Playcare.
- I recognize that the health of the dog is the owner’s responsibility. I hereby represent that all required vaccinations including rabies, bordetella are up to date. I will also continue to ensure that the required vaccinations will be kept up to date for as long as the Dog attends Jonah’s Ark Doggie Playcare. I will provide proof of all booster vaccinations to Jonah’s Ark Doggie Playcare.
- I understand that Jonah’s Ark Doggie Playcare suggests that my dog(s) to be on some form of flea/lice control/ protection and I will take the required measures to address if necessary and if my dog is infected.
- I understand that my dog may be refused to attend Jonah’s Ark Doggie Playcare if they notice that my dog(s) may have kennel cough. I will prevent my dog(s) to attend Jonah’s Ark Doggie Playcare if I notice my dog is coughing or I suspect any symptoms of kennel cough for the duration of my dog’s illness.
- I understand my dogs must be dropped off before 10 AM and picked up after 2 PM and by 6 PM.
- I agree to pick up the dog prior to closing time. It is hereby acknowledged that should I fail to pick up the dog before closing time a \$10.00 late fee will be charged every 10 minutes to be paid in cash upon my arrival at Jonah’s Ark Doggie Playcare.
- I understand that Jonah’s Ark Doggie Playcare reserves the right to refuse service to my dog at any time.
- I understand that my dog(s) may get nicks and scratches as they play with other dogs. Jonah’s Ark Doggie Playcare may or may not notice these immediately. If they notice any minor injury they will treat and notify me at the end of the day. If the injury is serious, I will be notified immediately at the phone number provided.
- In the event of an emergency, Jonah’s Ark Doggie Playcare has my permission to transport my dog to the above veterinarian, or the nearest animal clinic whenever they reasonably deem it necessary. Payment arrangements are to be made between the dog owner and veterinarian.

Sign: _____