

Grateful Dogs Clubhouse

202 Illinois Street

El Segundo, CA 90245

Main: 310-364-0011 Fax: 310-364-0012

info@gratefuldogs.net

Parent Orientation Information

Thank you for your interest in Grateful Dogs!

To become part of our pack, you must first schedule a parent orientation and canine introduction. Please note we require all pups to be a minimum of 4 months old, over 4 pounds, and have completed all their vaccinations. All dogs must be spayed or neutered by 6 months to attend the Clubhouse. If you adopted your pup from a shelter or if you are unsure of their background, we require 30 days from their adoption date to be able to attend the Clubhouse. We hold orientations from January through June and September through early November. We are only able to accommodate a limited number of potential new clients each week at scheduled times. Please plan accordingly so that we may be able to meet your needs.

Please call our Clubhouse to schedule your orientation if you haven't already. Be aware that the orientation appointments fill rapidly, and are not available during holiday or peak seasons. Once you have scheduled your parent orientation, we ask that you come in with your paperwork filled out completely, a copy of your dog's current vaccination records, and your pup on leash, so that we may begin your appointment on time. Our New Client Orientation Information and Application, along with our Bath & Grooming Information are also available on our website: www.gratefuldogs.net.

Here's what you can expect during your orientation: A member of our front desk staff will review your paperwork and vaccinations to make sure everything is in order. We will then have an experienced handler take your dog into our facilities to introduce him/her to a small group of dogs. Once our staff feels that your dog is comfortable we will begin our orientation. We will review our policies and procedures, you will be given a guided tour of our facility, including a chance to see your dog in action, and you will have the opportunity to ask any questions you may have regarding our services. This process takes approximately 30 - 45 minutes.

Following your orientation, we ask that you leave your dog for a "Trial" day of daycare. During this Trial we evaluate your dog to ensure they are happy and comfortable at our facility. For your Trial day, we offer a discounted rate of \$30 for the first dog, and \$15 for each additional dog. We require your dog to stay for a minimum of 4 hours on this day, however, feel free to leave your dog longer! Trial days may be done any day of the week, except Friday, and must begin no later than 12:00 PM. Our goal is to be sure this is the right setting for your pet. If you have a morning orientation appointment you have the option of leaving your dog for their Trial day immediately following your orientation. Otherwise, please schedule your Trial day with the front desk staff. All Trials must be completed within 30 days of your orientation.

Once your dog has completed their Trial day, our staff will make an overall recommendation on how to proceed forward. The recommendation will be based on your dog's behavior and comfort level, in conjunction with your needs for our services. If your dog seems nervous or anxious, we may recommend more daycare, half days of daycare, or daycare on weekends only, depending on your needs.

Scheduled Orientation is (date): _____ **At (time):** _____

Please bring the following:

- Completed Paperwork**
 - **New Client Information / Grateful Dogs Contract / Bath & Grooming Information**
- Proof of Vaccinations**
 - **Rabies / Distemper-Parvo / Bordetella / Canine Influenza (Lepto recommended)**
- My dog on a leash**

Grateful Dogs
New Client Information

OWNER INFORMATION

Name of Owner(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Owner (1) Contact: _____
NAME DAYTIME TELEPHONE

Email Address: _____

Owner (2) Contact: _____
NAME DAYTIME TELEPHONE

Email Address: _____

Veterinarian: _____ Number: _____

PET INFORMATION

Dog's name #1: _____ Sex: _____ Age: _____ Birthday: _____

Breed: _____ Color: _____ Spayed / Neutered (circle)

How long have you had your dog? _____

Has your dog had any previous owners? _____

Where did you get your dog (breeder, rescue, etc.)? _____

Has your dog been off leash with other dogs / to dog park(s), daycare? If so, how did they do?

Dog's name #2: _____ Sex: _____ Age: _____ Birthday: _____

Breed: _____ Color: _____ Spayed / Neutered (circle)

How long have you had your dog? _____

Has your dog had any previous owners? _____

Where did you get your dog (breeder, rescue, etc.)? _____

Has your dog been off leash with other dogs / to dog park(s), daycare? If so, how did they do?

EMERGENCY CONTACT

Our goal is to take excellent care of your dog while providing piece of mind to you. Some parents prefer that their emergency contact is called, while others would prefer to be called for any reason. While your dog is overnight boarding with us please indicate which best describes you:

Always call me first, no matter how minor. I do not mind being disturbed at any time.

Call my Emergency contact first. I prefer not to be disturbed unless it's an emergency.

Emergency Contact: _____

Relationship: _____

Home phone: _____ Cell phone: _____

** You will be asked to provide an emergency contact number each time your dog boards with us. Please be sure your emergency contact is aware. **

BEHAVIOR

Are you having any behavior challenges with your dog(s)? _____

Has your dog(s) had any formal training?

Please mark yes or no for the following:

- 1 Has your dog ever bitten or gone after a small animal?
- 2 Has your dog ever been in a fight?
- 3 Does your dog react aggressively to certain breeds of dogs?
- 4 Has your dog ever bitten a person?
- 5 Does your dog have any sensitive areas on his/her body?
- 6 Is your dog sensitive to being handled by their collar?
- 7 Does your dog have any problems sharing toys and/or food?
- 8 Can your dog jump or climb fences?
- 9 Does anything or anyone automatically trigger fear in your dog?
- 10 Is your dog frightened by any loud noise?
- 11 Is your dog an excessive barker?

YES NO

YES	NO

If you answered yes to any of the previous questions please give details below. Indicate the question # and an explanation:

FEEDING

Brand of Food: _____

How much? _____ How many times a day? _____ AM / PM

List any Food Allergies: _____

Can we give your dog(s) treats to help them assimilate with the pack? Yes / No

If your dog(s) isn't eating is it ok to add the following to their meal:

- | | |
|-------------------------|----------|
| Wet / Canned Food | Yes / No |
| Cheese | Yes / No |
| Chicken / Chicken Broth | Yes / No |
| Pumpkin | Yes / No |

HEALTH / AGE

Senior dogs and puppies under nine (9) months may be at greater risk for age-related illnesses or events. For dogs over ten (10) years of age, the stress of boarding or being in a cage-free environment may increase the need for medical attention. For any dog over ten (10) years of age, a "Senior Waiver" must be completed for our files. Puppies under nine (9) months who are still developing physically and mentally may be at higher risk for skeletal issues, growing pains, fractures, illnesses such as kennel cough or giardia, and acceleration or increased severity of inherited conditions.

My dog is currently age: _____. I understand the additional age related risks. _____
Initial

All dogs over 6 months must be neutered / spayed. If your dog has NOT yet been neutered/spayed when are you planning on having this procedure completed? _____

Are there any medical issues we should be aware of?

Does your dog have any allergies? _____

Is your dog sensitive to grooming? _____

Does your dog have any special needs? _____

Is your dog on any medications? _____

Please List Medications:

Reason:

In the event your dog requires minor first aid may we administer any of the following:

Benadryl (for allergies) Yes / No

Ascriptin (for limping, pain, or swelling) Yes / No

Pepcid (upset stomach) Yes / No

Does your dog(s) have any of the following:

Diabetes

Neurological and/or Spinal Issues

Seizures

Heart Disease

Other Health Issue Specify: _____

GRATEFUL DOGS CONTRACT

I, _____, as owner of _____
hereby acknowledge and agree to the following:

HEALTH MAINTENANCE:

Your dog is under 24 hour supervision, monitored by experienced personnel. Should minor health concerns arise while your dog(s) are in our care, general first aid will be administered. (For example, but not limited to: dirty ears, hot spots, hives, abrasions, long nails causing discomfort, etc.) For more serious concerns or medical emergencies that arise, we will take the following steps:

- We will follow your instructions listed in the Emergency Contact information. If we observe a serious issue we will make every attempt to contact you, the owner. If you cannot be reached we will try to reach the provided emergency contact.
- We will call your vet if they are in close proximity to our facility. If they are not, we will bring your pet to Bay Animal Hospital, or another local vet.

I agree to be responsible for all incurred vet fees and charges.

INITIAL _____

Senior dogs over age ten (10) and puppies less than nine (9) months may be at a greater risk for some age-related illnesses or events. For senior dogs, the stress of boarding or being in a cage free environment may increase the need for medical attention and a specific "Senior Waiver" must be completed for our files. Puppies under nine (9) months who are still developing physically and mentally may be at higher risk for skeletal issues, growing pains, fractures, illnesses such as kennel cough or giardia, and acceleration or increased severity of inherited conditions.

INITIAL _____

All dogs must be current on vaccines (Bordatella, Distemper/Parvo, and Rabies) and on preventative flea control. Owner is responsible for maintaining current vaccines and keeping dog(s) current on flea control. If we find any fleas on your dog(s) while in our care, we will administer Capstar at a nominal charge.

INITIAL _____

DOG BITES:

In the event your dog bites or injures another dog or person, you, the *owner*, assume all legal and financial responsibility. If medical attention is required, any dog(s) will be brought to Bay Animal Hospital, or another local vet.

INITIAL _____

FEE POLICY:

Late Pick-Up Fees

1 - 5 Min	Grace Period
6 - 10 Min	\$10
11 - 15 Min	\$15
16 - 20 Min	\$20
20 + Min	Dog must spend the night

Late pick-up fees will be charged for any dog(s) not picked up before close of business hours*. Any dog(s) not picked up within 20 minutes after close of business must spend the night and will be charged for an overnight stay in addition to daycare fees incurred. It is not guaranteed you will be able to pick up your dog(s) any time after close of business. I understand and adhere to the late pick-up fee policy.

**Please note our hours of operation change during holidays and peak seasons.*

INITIAL _____

Payment in full is due upon pick up of your dog. A credit card must be left on file prior to your dog's visit. If you leave without reconciling your account the credit card on file will be automatically charged. If someone other than you picks up your dog, the credit card on file will be charged.

INITIAL _____

Daycare packages expire exactly 6 months from date of purchase. Daycare packages are non-refundable and can't be transferred or used as credit towards other purchases.

INITIAL _____

CANCELLATION POLICY:

Reservations must be cancelled 48 hours in advance. If you fail to give required notice, you will be charged the cost of your first nights stay. Failure to cancel any reservation will be considered a “no-show”. All no-shows will be charged for their full intended stay. INITIAL_____

July 4th, Thanksgiving, Christmas, and New Year reservations require a **7 day** cancellation notice. Reservations not cancelled with a minimum notice of 7 days prior to the start of their intended stay will be charged 50% of their intended stay, not to exceed \$350. Partial changes or revisions are considered cancellations. All no-shows for a July 4th, Thanksgiving, Christmas, or New Year reservation may be charged their full intended stay. INITIAL_____

GENERAL RELEASE:

Grateful Dogs is extremely dedicated to the health, care and well-being of your dog(s) and will do everything possible to make sure your dog’s stay and visits with us are as comfortable and safe as possible.

- I certify that I have read the policies of Grateful Dogs and agree to all terms.
- I authorize Grateful Dogs to contact my vet for any necessary information.
- I have seen and/or understand the nature of the Grateful Dogs facility and accept all responsibility in the event my dog jumps or climbs the secured fences. I acknowledge that Grateful Dogs will alert Animal Control immediately and accepts no responsibility.
- I understand the risks a cage free daycare and boarding environment may pose for my dog and expressly agree that Grateful Dogs assumes no liability for veterinarian costs, fees or other charges that may be incurred as a result of injuries or illnesses suffered as a result of being in a cage free facility.

Even though Grateful Dogs requires that every dog be vaccinated annually for Kennel Cough with the Bordetella vaccine, the vaccine does not protect your dog from every new strain of the virus. Being in a cage free environment, the risk for contracting Kennel Cough is elevated, regardless of the vaccine. I understand this risk and acknowledge that Grateful Dogs assumes no responsibility for vet bills associated with Kennel Cough.

INITIAL_____

I am the owner and/or agent of the dog(s) mentioned above on this form, and I am authorized to sign this release form. I give consent to Grateful Dogs (including its agents and employees), to act on my behalf and in my dog’s best interest, by obtaining emergency veterinary care at my expense if deemed necessary. I agree to indemnify and hold Grateful Dogs (and its agents and employees) harmless for any and all expense relating to such emergency care. I release Grateful Dogs (and its agents and employees) from any liability or claim due to injury or death of my dog, and hereby assume all expense or liability for injuries my dogs may inflict on a human or another dog while staying on the Grateful Dog’s premises or being walked off the premises by Grateful Dogs staff. I understand that if Grateful Dogs decides that my dog poses a risk to either staff or other dogs, or that if Grateful Dogs concludes that my dog is no longer a candidate for services, Grateful Dogs reserves the right to refuse services for my dog, at any time. I understand that putting my dog(s) in this environment increases the risk of exposure to certain communicable diseases. I further understand and acknowledge that my dog may be injured or may cause injury to another dog. I give my full authorization to use my credit card for these purposes if deemed necessary.

PRINT NAME: _____

SIGNATURE: _____

DATE: _____

Grateful Dogs Bathing & Grooming Information

Grateful Dogs would like your dog's bathing and/or grooming experience with us to be as pleasant as possible and we will make every effort to make it such. If Grateful Dogs feels the bathing or grooming experience is affecting your dog's personality or mood in a negative way, we will cease further bathing or grooming services until decided otherwise. After the bath, we do not crate your dog(s); they will be let back out into general population. Baths include: wash, blow dry, ear cleaning, & nail trimming.

Requests for a bath on the day of your dog's daycare visit will be accommodated on a "first come" basis. If our schedule is full, your dog(s) will be put on a bath "waitlist". While we cannot guarantee your dog(s) will be bathed, every effort will be made to accommodate your dog(s).

Cancellations must be made at least 24 hours prior to your appointment. This allows us time to try to book a replacement for your vacated appointment. Any cancellation received less than 24 hours prior to your appointment or a "no show" will be subject to pay a fee. Haircuts will result in paying 75% of the groom's cost per dog. Baths will be charged by how many timeslots your particular breed occupies. (1 slot: \$25, 2 slots: \$35, 3 slots: \$45, 4 slots: \$55) Please ensure you are on time for your appointment; dogs arriving late may have to be rescheduled and a cancellation fee may apply. We thank you for your cooperation and understanding.

Dog's Information: *(Please print additional copies for multiple dogs)*

Dog's Name: _____ Weight: _____

Birth Date: ____/____/____ Sex: _____ Breed: _____

Coloring / Markings: _____ Can your dog have treats? _____

Health Alerts: Check all that apply:

Allergies/Sensitive Skin Collapsed Trachea Heart Condition: _____
 Arthritic Prone to hotspots Hip Dysplasia Laryngeal Paralysis Luxating Patella
 Deaf Cushing Disease Heartworm Autoimmune Disorder Thyroid Disorder
 Prone to ear infections Blind Diabetic Epileptic
 Had Surgery:(Other than spay/neuter) _____

Allergies To: _____

On Medications For: _____

Personality Alerts: Check all that apply

Very Shy Excited over water Use caution when handling collar Scared of Men
 Has bitten: (explain) _____

During grooming my dog can be fearful of: _____

Grooming Alerts: Check all that apply

1st Professional bath Dry, itchy skin Put bow in hair Excessively chews on paws
 No fragrance Supplying own product: _____
 Cannot jump into/onto tub/table due to ailments: (explain) _____
 No blow dry Don't trim nails Don't clean ears

Add on services to bath/grooming: *(*additional charge)*

Check anal glands, express if needed (+\$7 to check, \$17 to express) Dremel nails (+\$4)
 Teeth brushing (+\$8) Tear stain removal (+\$5) Blueberry Facial (+\$5)

Is it ok to cut/ shave out mats that are too painful to your dog to remove by brushing? Yes No

If we come across a hotspot, would you like us to clean and shave it? *(*additional charge)* Yes No

Any additional information can be written on the back of the paper

Signature: _____ Date: _____



Medical Treatment Agreement

I am the owner and or agent of _____. I give consent to Grateful Dogs and its employees to act on my behalf to authorize medical care and or treatment at my expense. I authorize Grateful Dogs and its employees to receive all information regarding medical care including treatments, procedures, after care instructions and status updates.

Name: _____

Date: _____

Signature: _____

Phone: _____