



815-675-3877 — 2400 Highview St. Spring Grove, IL

Check List

- ⇒ _____ Personality Profile filled out
- ⇒ _____ Vaccinations up to date
- ⇒ _____ Evaluation complete
- ⇒ _____ Signed Client Agreement
- ⇒ _____ Food/belongings all clearly labeled

Check in Date: _____ Day/Time: _____

Check out Date: _____ Day/Time: _____

- ◆ I understand the costs for overnight includes daycare and night care with a human on staff 24 hours.
- ◆ Reservations and deposit must be in 72 hours (3 days) before drop off date.
- ◆ Check in time is between 7am-2pm Mon-Fri. Weekends & Holidays from 9:00am-1:00pm
- ◆ I understand that if I pick up anytime after 11am I will be charged for that day.
- ◆ I understand that my dog's stay must be prepaid at drop off & all payments are non-refundable/no credit given.
- ◆ If added services are requested payment will be due upon drop-off.
- ◆ I understand that the half payment for reservation is non-refundable if I should cancel within less the 5 days of apt.

I understand & agree with the above & below information : Signature: _____

Owner's Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Alt. Phone Number: _____

E-mail address to send you photos or like us on Facebook (we post often): _____

Emergency Contact: _____ Phone: _____

Veterinarian Office _____ Phone: _____

How where you referred to us? Drive by Internet Advertising Phone book Use other services Newspaper

Friend/Family _____ Other: _____

DOG'S INFORMATION

1. Name of Dog: _____ Breed: _____ MALE OR FEMALE

DOB : _____ Spayed or Neutered? YES or NO Color: _____ Weight: _____

Medical Conditions/Allergies/Seizures: _____

◆ Has this dog ever had Kennel Cough? YES or NO Does this dog go to the dog park? YES or NO

◆ Has this dog ever been ill in the last 30 days? YES or NO If Yes explain : _____

◆ Has this dog ever attended daycare or been boarded in a cage-free environment before? YES or NO

◆ Type/Brand of food: _____ How much per meal: _____

How often _____ Eating habits (circle one): Eats all food at mealtime

What type of bowl _____ Nibbles throughout day Goes periods without eating

2. Name of Dog: _____ Breed: _____ MALE OR FEMALE

DOB : _____ Spayed or Neutered? YES or NO Color: _____ Weight: _____

Medical Conditions/Allergies/Seizures: _____

◆ Has this dog ever had Kennel Cough? YES or NO Does this dog go to the dog park? YES or NO

◆ Has this dog ever been ill in the last 30 days? YES or NO If Yes explain : _____

◆ Has this dog ever attended daycare or been boarded in a cage-free environment before? YES or NO

◆ Type/Brand of food: _____ How much per meal: _____

How often _____ Eating habits (circle one): Eats all food at mealtime

What type of bowl _____ Nibbles throughout day Goes periods without eating



MEDICAL RELEASE FORM

Should your dog require immediate veterinary care, Fur the Love of Dogs will make every attempt to reach you via the emergency contact information provided below. Should we be unable to reach you, Fur the Love of Dogs will transport to Richmond Veterinary Clinic, 9902 N. Main St. Richmond. If your personal veterinarian is located in Fox Lake or Sprig Grove we will make every attempt to have your dog taken to that facility.

I, _____, as guardian of _____, give permission to Fur the Love of Dogs to act as my agent in the event of my dog needing medical attention. I further agree that I will be responsible for any and all cost of veterinary care deemed necessary by the licensed veterinarian.

Signed _____ Date _____

Day Time Phone _____ Cell _____

Emergency Contact

Name _____ Contact# _____

Additional Contact

Name _____ Contact# _____

Regular Veterinarian

Facility _____ Phone _____

Address _____

Vet Name _____

Dog's Full Name: _____

Sleepover Personality Profile



2400 Highview St. Spring Grove, IL. 60081

Breed: _____

PHONE: 815-675-3877

FAX: 815-675-9718

www.FurTheLoveOfDogs.com

<u>Does your dog:</u>	<u>Yes</u>	<u>No</u>	<u>Does your dog:</u>	<u>Yes</u>	<u>No</u>	<u>Does your dog:</u>	<u>Yes</u>	<u>No</u>
1. Sniff the ground or air a lot?	_____	_____	1. Get along with other dogs?	_____	_____	1. Investigate strange sounds or objects?	_____	_____
2. Get excited by moving objects?	_____	_____	2. Get along with people?	_____	_____	2. Play tug of war games to win?	_____	_____
3. Stalk cats, dogs or other objects?	_____	_____	3. Bark when left alone?	_____	_____	3. Bark or growl in a deep tone?	_____	_____
4. Bark in a high pitched voice when excited?	_____	_____	4. Solicit petting or like to snuggle?	_____	_____	4. Guard his/her territory?	_____	_____
5. Pounce on his/her toys?	_____	_____	5. Respond to verbal praise?	_____	_____	5. Guard his/her owner?	_____	_____
6. Steal food from the counter?	_____	_____	6. Like to be groomed?	_____	_____	6. Guard his/her food or toys?	_____	_____
7. Shake and "KILL" his/her toys?	_____	_____	9. Follow you like a shadow?	_____	_____	7. Dislike being petted?	_____	_____
8. Rip soft objects apart?	_____	_____	10. Play with you or other dogs?	_____	_____	8. Dislike being groomed?	_____	_____
9. Wolf down his/her food?	_____	_____	11. Jump up to greet people?	_____	_____	9. Bite leash when corrected?	_____	_____
10. Like to carry things?	_____	_____	12. Show a lot of reproductive behaviors, ie. Courting or mounting another dog?	_____	_____	10. Likes to be pack leader around other dogs?	_____	_____
11. Like to dig?	_____	_____	14. Urinates when he/she thinks they made a mistake?	_____	_____	11. Like to wrestle or challenge?	_____	_____
12. Bury things?	_____	_____	15. Avoids you when you've called him/her to you?	_____	_____	12. Get picked on by mature dogs?	_____	_____
13. Hide behind you when insecure?	_____	_____				13. Run away when told to "Stay?"	_____	_____
14. Urinates during a greeting?	_____	_____				14. Run from new situations?	_____	_____
						15. Raise his/her hackles when meeting someone new?	_____	_____

If your dog is adopted, do you have knowledge of his/her past history? _____

Are there any other animals in your household? If so please list type and how long they have co-habitated? _____

Has your dog ever bitten before? (If yes, please explain) _____

How does your dog react to strangers coming into your home or property? _____

Are there any types of people or dog types your dog fears or dislikes? _____

Does your dog act afraid of specific noises? Please explain: _____

How does your dog react to puppies? _____

Has your dog had or have any problems in any of the following areas (if yes, please explain) Mouthiness: _____

Housetraining: _____ Barking: _____

Fence jumping: _____ Jumping on people: _____

Does your dog play with any particular toys or other dogs? If yes, please list: _____

Where does your dog like to be petted? _____ Does your dog have any sensitive areas on his/her body? _____

What basic commands does your dog know? _____

Any other comments about your dog which you feel may be helpful? _____



Client Agreement
—Please Read And Initial Each Item—

Initials _____ Fur The Love of Dogs Inc. reserves the right to immediately change your dog's type of boarding/daycare if we believe it is necessary to protect the health and well-being of your dog, other dogs, or our staff.

Initials _____ All dogs must be healthy, and current on all vaccinations. You will be required to bring a copy of your dog's updated vaccination records from your vet before you start daycare or sleepovers with us to ensure your dog's safety as well as that of our other guests.

Initials _____ Dogs with flea or tick problems will be bathed at the owner's expense.

Initials _____ Check-out time for sleepovers is between 7am -11am on weekdays and 9am-11am Saturdays. Dogs leaving after this time will be charged a late pick-up fee of \$25.00 All charges must be paid in full upon drop-off of your dog. Drop off time for sleepovers is 7am-2pm Mon-Friday and 9am-2pm on Saturday, no drop off or pick up on Sundays.

Initials _____ Owners are welcome to bring their own blankets or beds if desired, however we cannot guarantee that they will be returned in the same condition or at all. We provide bedding, therefore we ask that you please leave those at home unless you feel it is critical to your dog's stay. As stated above, we can't guarantee that any item goes home in the same condition or at all.

Initials _____ If your pet becomes ill or if the state of the animal's health otherwise requires professional attention. Fur The Love of Dogs Inc. in it's sole discretion, may engage the services of a local veterinarian or provide appropriate medical attention to the animal and any/all expenses thereof shall be paid by the owner.

Initials _____ Owner is aware that by leaving said pet at Fur The Love of Dogs Inc. or any other pet facility, said pet is at a higher risk of contracting canine cough, viruses, or acquiring nicks, cuts and possibly punctures. While we have taken special care in designing our facility and maintaining a high standard of cleanliness and safety, no vaccine is 100% guaranteed.

Initials _____ Reservations & deposit need to be made within 72 hours of drop off date. There is a late reservations charge of \$10.00 after the 72 hours. For non-holiday reservations, please give us 5 days notice for any cancellations. For holiday reservations, 10 days notice. If these days are not given, the deposit will be deemed non-refundable.

Initials _____ Your pet may be photographed or recorded while at Fur The Love of Dogs Inc. FTLOD will be the sole owner of such photos/recordings and will reserve the right to use them for display on the website or for advertising.

Initials _____ As outlined by state law we will follow the Abandoned Pet Procedure for any abandoned pet at Fur The Love of Dogs Inc. If said pet is not picked up within 10 days of the scheduled pick-up date, said pet will be taken to Animal Control. You will be responsible for all cost incurred during this time including, but not limited to, court costs and legal fees for the collection of such costs.

Initials _____ Owner acknowledges and understands that there are certain risks involved in pet ownership, training & care. Including, but not limited to, dog fights, dog bites to humans and/or other pets and the transmission of disease.

I hereby certify that I am the legal owner of said pet, that said pet has not been exposed to a communicable disease within the last thirty (30) days, and that my pet has been inoculated as indicated by the information presented. I authorize Fur The Love of Dogs Inc. to do whatever they deem necessary for the safety, health, and well being of my pet while under the care of Fur The Love of Dogs Inc. including seeking professional veterinary treatment for my pet. You release, indemnify, and agree to hold Fur The Love of Dogs Inc. harmless from any and all manner of damages, claims, loss, liabilities, costs or expenses, causes of actions or suits, whatsoever in law or equity, (including, without limitation, attorney's fees and related costs) arising out of or related to the services provided by Fur The Love of Dogs Inc. With owner's signature below, he/she understands the risk involved in putting his/her pet in a cage-free environment and acknowledge and accept exclusive and sole responsibility for all medical expenses to said pet no matter the cause. Owner also authorizes the release of said pet's medical records from pet's veterinarian. By signing this contract and leaving pet with Fur The Love of Dogs Inc., owner certifies to the accuracy of all information given about the pet. Furthermore, owner has read and understands all procedures and policies included herein.

Signature _____ Date: _____