



K-9 Kingdom, a wonderland for dogs  
26700 Highland Road  
Richmond Hts, OH 44143  
Ph # 440-442-0876 \*\* Fax # 440-442-0540  
www.K-9Kingdom.com

## Daycare/Overnight Boarding Master Record

Enables us to provide the most comfortable & safe experience for your pet.

Trial Day/Date \_\_\_\_\_  
Monday – Friday - 7am – 11am

### Rules and Regulations

**Health:** All dogs must show no signs of illness or have been ill in the past 30 days prior to their visit to K-9 Kingdom. If so, Veterinarian authorization will be needed to attend and/or resume attendance at K-9 Kingdom.

**Manners:** All dogs attending K-9 Kingdom must show proper “manners”. No aggression toward others, food, or toys will be tolerated. “Manners” will be evaluated during trial visit.

**Ages:** All dogs must be 3 months of age and housebroken. All dogs over 7 months must be spayed or neutered. **NO Exceptions!**

**Vaccinations: ALL** vaccines must be up-to-date to date. Vaccines include Distemper, Hepatitis, Leptospirosis, and Parainfluenza, Parvovirus, (Commonly known as DHLPP or equivalent), Bordatella (known as Kennel Cough), Rabies 1 yr. or 3 yr. All dogs attending are also required to be on year round heartworm & topical flea control. All records will be kept on file and checked frequently.

### Charges:

Daycare Only: \$21.00 /Full Day \$12.00/ Half Day up to 5 hours (mornings only)

MULTIPLE DAY AND MULTIPLE DOG PACKAGES AVAILABLE

ONE-TIME 3-hour trial visit - no charge

Boarding: \$35.00/day – Daycare included

**Standard Check-in Time: 7:00 am – 12:00 pm (noon) or 5:00 pm – 8:00 pm**

**Standard Check-Out Time: By 12:00 pm (noon)**

Special arrangements can be made to early/late check-in and check-out, add'l charges may apply.

**Daycare Arrival:** All dogs MUST be leashed when entering building. No choke chains, training collars, or pinch collars are allowed. Please have a regular quick release collar on your dog. Take all leashes with you in the A.M. and return with them in the P.M. We will not be held responsible for items left behind. **All dogs must arrive at daycare between 7:00 am - 9:00 am.**

**Reservations:** Advanced notice is preferred to attend Doggie Daycare.



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## Client Record

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Street address \_\_\_\_\_ Apt# \_\_\_\_\_  
City State \_\_\_\_\_ Zip \_\_\_\_\_  
Home phone \_\_\_\_\_  
Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_  
Email address \_\_\_\_\_

Emergency contact name \_\_\_\_\_ Ph # \_\_\_\_\_  
Emergency contact name \_\_\_\_\_ Ph # \_\_\_\_\_

Please list the name(s) of those authorized to drop off /pick up your dog  
(We will only release your dog to the names listed below)

1. \_\_\_\_\_
2. \_\_\_\_\_

Would you like to be included on our mailing list?      YES      NO

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

## Dog Record

Dog's Name \_\_\_\_\_ Nickname \_\_\_\_\_  
Breed \_\_\_\_\_ Age \_\_\_\_\_

Birth date \_\_\_\_\_ Please circle:    Male    Female

How long have you had this dog? \_\_\_\_\_

Can we use your pet's photo for advertising?      YES      NO

Is your dog spayed or neutered? \_\_\_\_\_ Date of surgery \_\_\_\_\_  
Color \_\_\_\_\_ Weight \_\_\_\_\_



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## Dog Record Continued

Does your dog get along with other dogs? Yes No

Has your dog ever attended day care or been boarded before? Yes No  
If so, where? \_\_\_\_\_

Is your dog licensed with your county auditor? Yes No  
Dog license number \_\_\_\_\_

Does your dog have a microchip? Yes No

Where does your dog typically sleep? crate floor furniture dog bed

What are your dog's favorite activities/toys? \_\_\_\_\_

Your dogs energy level is: High Moderate Calm Lethargic

Is your dog bothered by: Loud noises Thunder

*Is your dog: (please circle all that apply)*

Dominant Submissive Aggressive Timid Shy Protective  
House broken Crate trained Barker Chewer Jumper Talkative Playful  
Easy Going/Mellow Affectionate Anxious

*Commands your dog knows: (please circle all that apply)*

Sit Down Speak Stay Come Heal Leave it No Go potty Drop it  
Any other \_\_\_\_\_



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## Dog's Health Information

Veterinary Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

Last Physical Exam \_\_\_\_\_

DHLPP \_\_\_\_\_ 1 year or 3 years

Rabies Vaccination \_\_\_\_\_ 1 year or 3 years

Bordetella \_\_\_\_\_

Fecal Sample \_\_\_\_\_ Positive/Negative

Heartworm Test \_\_\_\_\_

Heartworm Preventative \_\_\_\_\_

Last Date Purchased \_\_\_\_\_

Flea Preventative \_\_\_\_\_

Last Date Applied/Given \_\_\_\_\_

Allergies (food, meds) \_\_\_\_\_

Any old injuries that might need special attention: \_\_\_\_\_

Is your dog taking any medications? (*please list name of meds & reason*)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The above medical information is true to the best of my knowledge.

\_\_\_\_\_  
*Veterinarian's signature or attach copy of shot records*

In the event of an emergency K-9 Kingdom has my permission to transport

\_\_\_\_\_ to the above vet or closest reliable vet if necessary. All payment will be made between dog owner and treating veterinarian. Please make arrangements with your vet if necessary.

Signature \_\_\_\_\_ Date \_\_\_\_\_



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## Policy Agreement

Dog # 1 \_\_\_\_\_ Breed \_\_\_\_\_ Sex \_\_\_\_\_  
Dog # 2 \_\_\_\_\_ Breed \_\_\_\_\_ Sex \_\_\_\_\_

1. I understand and agree that in admitting my dog(s), K-9 Kingdom has relied on my representation that my dog(s) have not harmed, shown aggression or displayed threatening behavior towards any person or other dog, and are in good health, with no communicable diseases.
2. I certify that my dog is not a “dangerous dog” or “vicious animal” as defined by Section 955.11 of the Ohio Revised Code or any applicable local code or ordinance. K-9 Kingdom also reserves the right to deny and/or refuse re-admittance to any dog that does not meet our health, behavioral or insurance requirements.
3. I also understand that I am solely responsible for any harm or damage that may occur caused by my dog(s) including, but not limited to, harm or damage caused to other dogs at K-9 Kingdom and will take full financial responsibility while she/he is in attendance at K-9 Kingdom. I also understand and agree that K-9 Kingdom and its employees and agents are not liable for any problems or illnesses that develop arising from my dog(s)’ attendance at K-9 Kingdom.
4. I expressly waive and relinquish any and all claims against K-9 Kingdom, its employees, agents and/or associates, except those proven to be arising from gross negligence, recklessness or intentional acts of K-9 Kingdom.
5. I also understand that problems that may occur with my dog(s) will be dealt with in the best possible way at the discretion of the staff of K-9 Kingdom.
6. I agree to reimburse K-9 Kingdom for any additional fees or expenses incurred for emergency veterinary care provided to my dog(s). The necessity for emergency veterinary care is at the discretion of K-9 Kingdom and I waive any right to dispute the necessity of such care.
7. I also understand that a copy of my dog(s) most recent medical and health records will be kept on file and such records must have veterinarian certification prior to admittance to K-9 Kingdom. Copies of medical and health records must be updated within 30 days of dog(s) veterinarian visit. I attest that all licenses and vaccinations required by State and local law are current for my dog(s).
8. K-9 Kingdom reserves the right to deny and/or refuse any dog(s) admittance that does not meet our health, behavioral and/or insurance requirements.
9. I understand that my dog’s behavior and that of other dogs present at K-9 Kingdom may be unpredictable. I hereby assume any and all risks involved in mine and my dog(s)’ presence at and mine and my dog’s acceptance into K-9 Kingdom. I further release and agree to defend, indemnify and otherwise hold harmless K-9 Kingdom and any employee, agent, subsidiary, parent, trade name or affiliated company, directors, officers, employees, and their agents, servants, successors, heirs, executors, administrators and all other persons, corporations, firms, associations or partnerships from any and all claims arising out of my dog’s conduct or any damages or injuries caused or sustained by my dog or myself.



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## Policy Agreement Continued

10. This Policy Agreement and Release shall apply indefinitely and during the course of each and every visit I and/or my dog make to K-9 Kingdom's daycare and/or overnight boarding facility.
11. This Agreement, Waiver and Release also applies if you are participating in the optional home boarding program offered by K-9 Kingdom's employees regardless of whether your dog(s) are on or off K-9 Kingdom's premises.
12. I understand that K-9 Kingdom may make modifications to this Policy Agreement and Release and that I, from time to time, may be asked to sign a revised Policy Agreement and Release. I understand that, while I am under no obligation to do so, my refusal to sign a revised Policy Agreement and Release will result in K-9 Kingdom refusal to accept my dog in the future.

I \_\_\_\_\_, have read and understand all rules and regulations stated in this agreement and agree to abide by all rules, regulations, conditions, and statements of this agreement.

\_\_\_\_\_  
Signature of Dog(s) Owner

\_\_\_\_\_  
Date