

# K-9 KINGDOM

A WONDERLAND FOR DOGS

26700 Highland Road, Richmond Heights OH 44143  
Phone 440-442-0876 Fax 440-442-0540 www.K-9Kingdom.com

## Application

### Human Record

Name \_\_\_\_\_ Phone \_\_\_\_\_

Spouse \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

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

Email address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

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

### Health Information

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

Required vaccinations: Rabies, Bordetella (known as Kennel Cough), and  
Distemper/Hepatitis/Leptospirosis/Parainfluenza/Parvovirus (DHLPP or DHPP + Lepto)

Required preventatives: Year-round Heartworm, Year-round Flea, Annual fecal sample

Suggested vaccinations: Canine Influenza, Coronavirus, Lyme Disease

In the event of an emergency, K-9 Kingdom has my permission to transport my pet(s) to the above vet or closest reliable vet. All payment will be made between dog owner and treating veterinarian.

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

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## Dog Record #1

Name \_\_\_\_\_ Breed \_\_\_\_\_ Microchip #: \_\_\_\_\_

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

Is your dog spayed or neutered? Please circle: Yes Not Yet

Sex? Please circle: Male Female Date of surgery \_\_\_\_\_

Registered County \_\_\_\_\_ Dog license #: \_\_\_\_\_

Has your Dog ever bitten another dog or human? Please circle: Yes No

If yes, explain circumstances: \_\_\_\_\_

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

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

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

\_\_\_\_\_

## Dog Record #2

Name \_\_\_\_\_ Breed \_\_\_\_\_ Microchip #: \_\_\_\_\_

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

Is your dog spayed or neutered? Please circle: Yes Not Yet

Sex? Please circle: Male Female Date of surgery \_\_\_\_\_

Registered County \_\_\_\_\_ Dog license #: \_\_\_\_\_

Has your Dog ever bitten another dog or human? Please circle: Yes No

If yes, explain circumstances: \_\_\_\_\_

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

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

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

\_\_\_\_\_

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## Policy Agreement and Waiver

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 reserves the right to deny and/or refuse re-admittance to any dog that does not meet our health or behavioral requirements.
3. I 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.
5. I 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. Your dog will be crated if necessary.
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 understand that a copy of my dog(s) 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. K-9 Kingdom staff have permission to contact my dog(s)' veterinarian to verify information and obtain updated records. I attest that all licenses and vaccinations required by State and local law are current for my dog(s).
8. 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 my and my dog(s)' presence at 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 me.
9. This Policy Agreement and Waiver shall apply indefinitely and during the course of each and every visit I and/or my dog(s) make to K-9 Kingdom.
10. I understand that K-9 Kingdom may make modifications to this Policy Agreement and Waiver and that I may be asked to sign a revised Policy Agreement and Waiver. I understand that, while I am under no obligation to do so, my refusal to sign a revised Policy Agreement and Waiver will result in refusal to accept my dog in the future.
11. I understand that my dog may not be accustomed to this amount of activity, so there are a few things to watch for when they come home. Sore pads and muscles from running and playing, very tired and thirsty, lacerations on paw pads and toes from excessive play. These are normal for a very active dog and any open wound should be immediately treated to prevent infections.

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12. I understand and agree, if there are only a few dogs boarding at K-9 Kingdom that an employee will take my dog home with them for the night. We do not leave unattended dogs in the building alone. This Policy Agreement and Waiver also applies regardless of whether your dog(s) are on or off K-9 Kingdom's premises. Please advise if you would like a phone call if your pet is leaving the premises.

13. I agree that my email may be used to deliver electronic content from K-9 Kingdom. I may opt out of any mailing list by removing myself from the distribution list electronically. My email address will not be sold or shared with other companies.

14. I agree that pictures of my dog may be used on social media sites, websites, or electronic and paper advertisements for K-9 Kingdom. Examples include, but are not limited to, Facebook, Instagram, Twitter, Yelp, Google, local magazines, etc. If I'd like to opt out of using my dog in photos, I may provide a written notice to K-9 Kingdom's owner so my dog is excluded from posted pictures.

15. A refund on daycare packages will only be issued if you move out of the area or for the loss of your beloved dog.

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

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## Rules and Regulations

**Safety:** All dogs must be leashed when entering and exiting the building.

**Manners:** All dogs attending K-9 Kingdom must behave appropriately for group play. No aggression toward staff, other dogs, food, or toys will be tolerated.

**Ages:** All dogs must be 3 months of age and have received 2 rounds of vaccinations. All dogs over 7 months must be spayed or neutered.

**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.

**Vaccinations:** All vaccines must be up-to-date.

Required vaccinations: Rabies, Bordetella (known as Kennel Cough), and Distemper/Hepatitis/Leptospirosis/Parainfluenza/Parvovirus (DHLPP or DHPP + Lepto)

Required preventatives: Year-round Heartworm, Year-round Flea control, Annual fecal sample

Suggested vaccinations: Canine Influenza, Coronavirus, Lyme Disease

**Daycare Arrival:** **Daycare dropoff is between 7:00 am - 9:00 am.** If you need an alternative schedule, please have a conversation with us.

**Daycare Pickup:** **Daycare closes at 6:00pm.** If you need to have your dog board overnight, just give us a call.

**Daycare Attire:** Remove any choke chains, training collars, or pinch collars. Please have a regular quick release collar on your dog. You may hang your leash on a hook, however we will not be held responsible for missing items.

**Reservations:** Not required for Daycare.

**Boarding Check-in time:** Any time

**Boarding Check-out time:** **10:00am**; late checkout by 6:00pm is available for an additional fee.

**Boarding Reservations:** Advanced notice is needed before check-in. We staff based on the number of dogs scheduled.

**Cancellation Policy:** No fee. Please call to let us know.