



7254 South Washington Street • Grand Forks, ND 58201
 (701) 775-7020 • (701) 775-7098 Fax
 www.stayandplayresort.com • E-mail: info@stayandplayresort.com

DAYCARE & BOARDING

OWNER INFORMATION

OWNER #1 NAME		ADDRESS	
HOME PHONE	WORK PHONE	CELL PHONE	E-MAIL
OWNER #2 NAME		ADDRESS (IF DIFFERENT THAN ABOVE)	
HOME PHONE	WORK PHONE	CELL PHONE	E-MAIL
EMERGENCY CONTACT (OTHER THAN SELF)			
NAME	PHONE	CELL PHONE	RELATIONSHIP

PET #1 INFORMATION

NAME		BREED	
BIRTHDATE	WEIGHT	COLOR/MARKINGS	SEX
			<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>*We do require dogs over the age of 6 months to be spayed or neutered for daycare/group play</i>			
VETERINARIAN NAME		ANIMAL HOSPITAL	PHONE

PET #2 INFORMATION

NAME		BREED	
BIRTHDATE	WEIGHT	COLOR/MARKINGS	SEX
			<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>*We do require dogs over the age of 6 months to be spayed or neutered for daycare/group play</i>			
VETERINARIAN NAME		ANIMAL HOSPITAL	PHONE

PET #3 INFORMATION

NAME		BREED	
BIRTHDATE	WEIGHT	COLOR/MARKINGS	SEX
			<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>*We do require dogs over the age of 6 months to be spayed or neutered for daycare/group play</i>			
VETERINARIAN NAME		ANIMAL HOSPITAL	PHONE



7254 South Washington Street • Grand Forks, ND 58201
(701) 775-7020 • (701) 775-7098 Fax
www.stayandplayresort.com • E-mail: info@stayandplayresort.com

PET BEHAVIOR/PERSONALITY PROFILE

- Is your dog crate trained? Yes No
- Has your dog been boarded before? Yes No
- Does your dog have behavioral issues or destructive habits when left alone? Yes No
If so, please explain: _____
- Does your dog get frightened by unfamiliar noises? Yes No
If so, please explain: _____
- Does your dog have a fear of thunderstorms? Yes No
If so, please explain behavior: _____
- Has your dog ever jumped or climbed over a fence? Yes No
If so, how high? _____
- Has your dog ever bitten/hurt another dog or person? Yes No
If so, please explain: _____
- Can you take food away from your dog without him growling/biting? Yes No
If not, please explain: _____
- Has your dog ever socialized with a large group of dogs (i.e. dog park, daycare)? Yes No
If so, please describe situation and how your dog interacted with other dogs:

- Will your dog readily share toys with other dogs? Yes No
If not, please explain behavior: _____

PET HEALTH PROFILE

- Does your dog have any "old" injuries that we need to be concerned about? Yes No
If so, please explain: _____
- Are there any restrictions that should be placed on your dog's activities? Yes No
If so, please explain: _____
- Does your dog take any medication for chronic illness? Yes No
If so, please explain: _____
- Does your dog have any allergies? Yes No
If so, to what? _____
- Are there any areas on your dog that are sensitive to touch (i.e. paws, ears, hips, etc)? Yes No
If so, describe? _____

Other comments/information about your dog which you feel might be helpful?



7254 South Washington Street • Grand Forks, ND 58201
(701) 775-7020 • (701) 775-7098 Fax
www.stayandplayresort.com • E-mail: info@stayandplayresort.com

BOARDING/DAYCARE POLICIES/OWNER AGREEMENT

ALL DOGS MUST:

- Be people and dog friendly
- **Have all vaccinations up to date, including DHLPP (distemper), Rabies & Bordetella.**
- **Be spayed or neutered if older than 6 months.** Puppies welcome at 4 months of age and after their third set of vaccinations.
- Must enter and exit building on a leash.

ALL OWNERS MUST:

- Provide proof of current vaccinations from your veterinarian. This is the owner's responsibility.
- Complete all forms required by Stay & Play
- Pick up pet by: Daycare – by closing time
Boarding – by 1:00 on day of checkout. If after 1:00, you will be charged for a ½ day of daycare
If pet is not picked up by closing, you will be charged an additional night of boarding.
- Treat dog with flea/tic medication in the spring and summer months.

PLEASE INDICATE YOUR CHOICE:

- Yes, I do want my dog to participate in play with other dogs
- No, I do not want my dog to participate in play with other dogs

I, _____, hereby certify that my pet(s) _____ is/are in good health and have not been ill with any communicable condition in the last 30 days. I further certify that my pet(s) has/have not harmed or shown aggression or threatening behavior towards any person or any other dog.

I have read and understand the following:

1. I understand that I am solely responsible for any harm caused by my pet(s) while at Stay & Play Pet Resort.
2. I further understand and agree that, in admitting my pet(s) to Stay & Play Resort, staff have relied on my representation that my pet(s) is/are in good health and have not harmed or shown aggression or threatening behavior towards any person or other animal.
3. I further understand and agree that Stay & Play and their staff will not be liable for any problems which develop, provided reasonable care and precautions are followed, and I hereby release them of any liability of any kind whatsoever arising from my pet's attendance at Stay & Play Pet Resort.
4. I further understand and agree that any problems which develop with my pet(s) will be treated as deemed best by the staff of Stay & Play Pet Resort at their sole discretion, and that I assume full financial responsibility for any and all expenses involved.
5. Stay & Play Pet Resort reserves the right to refuse/cancel service if deemed necessary.
6. In the event of an emergency, I hereby authorize emergency medical treatment be administered to my pet by a veterinarian at my expense (see amount designated by owner on Consent for Treatment form)
7. I understand that my pet(s) may be at risk for cuts, scrapes and/or bruises associated with boarding at Stay & Play Pet Resort.
8. I understand that, despite all pets appearing healthy and being handled with the greatest amount of care and foresight, dogs are not always predictable, and the unexpected may occur. I further agree to pay veterinary/medical expenses incurred as a result of injury to or caused by my pet(s).

I certify that I have read and understand the boarding policies of Stay & Play Pet Resort set forth and that I agree to the conditions of this agreement.

SIGNATURE OF OWNER

DATE



7254 South Washington Street • Grand Forks, ND 58201
(701) 775-7020 • (701) 775-7098 Fax
www.stayandplayresort.com • E-mail: info@stayandplayresort.com

MEDICATION WAIVER FORM

Stay & Play Pet Resort, LLC, will properly train any staff member who needs to administer medication to your pet. By signing this form, you or your representative _____(print name) agree not to hold Stay & Play Pet Resort, LLC, responsible for any adverse affects to your pet as a result of administering medication while in the care of Stay & Play Pet Resort, LLC.

By signing this form, you acknowledge that you understand and accept the terms and conditions set forth by this agreement.

SIGNATURE OF OWNER

DATE

STAY & PLAY PET RESORT DOES NOT GIVE INJECTIONS OF ANY KIND



7254 South Washington Street • Grand Forks, ND 58201
(701) 775-7020 • (701) 775-7098 Fax
www.stayandplayresort.com • E-mail: info@stayandplayresort.com

CONSENT FOR TREATMENT

If it should become necessary for my dog _____ to receive professional medical treatment, I hereby give my permission for a licensed veterinarian to administer the medical treatment he/she deems necessary. I understand every effort will be made to contact me in such an event. I understand that I am responsible for any cost resulting from veterinary care.

CONTRACT:

As the owner of the above referenced dog, I understand that Stay & Play Pet Resort, its employees and officers will exercise due care to protect the health and safety of my dog while in their care. In the event that my dog becomes ill or sustains an injury, I authorize Stay & Play Pet Resort and its representatives to obtain medical treatment for the following canine:

Name of Dog: _____ Breed: _____

I give the attending veterinarian permission to start medical treatment. In the event that the medical expenses exceed \$_____, I request that a Stay & Play representative or the attending veterinarian contact me before any further treatment is performed. I agree to reimburse Stay & Play for any and all expenses incurred for the medical treatment of my dog. Payment will be made upon receipt of medical statement.

In the unlikely event that my pet passes away for any reason at daycare, I understand that he/she will be transported to my vet. If not available, the pet will be transported to the vet working with the daycare.

I understand that the concept of doggie daycare is to allow for dogs to socialize by interacting with people and dogs. As always, with the interaction of dogs, there is a chance of injury. I assume all risk of injury to my dog while at Stay & Play Pet Resort, so long as reasonable care is taken to prevent any unnecessary injury.

I hereby waive and release Stay & Play Pet Resort, its employees and officers from any and all liability of any nature for any injury, death, or loss of my dog resulting from Stay & Play actions or from the action of my dog or any other dog while in the custody of, or on the grounds or surrounding area of Stay & Play, not resulting from the negligence of Stay & Play Pet Resort.

If my dog causes injury to another dog or to a person while at Stay & Play Pet Resort, I agree to indemnify and subrogate Stay & Play Pet Resort from any action which may be brought against it and for any defense, settlement, or judgment entered against Stay & Play Pet Resort, LLC.

I will assume all liability for the actions of my dog and agree to maintain personal liability insurance to cover me in the event of such an incident. I have been given a copy of the policies of Stay & Play dog daycare and agree to abide by all policies and procedures.

SIGNATURE OF OWNER

DATE