



Owner Information
Name:
Address:
City, State, Zip:
Home Phone:
Cell:
Work Phone:
Email address:

Pick Up / Emergency Contact Information
What is your preferred method of contact during the day? Please circle one: Work Home Cell
Who is authorized, besides yourself, to pick up your dog from enrichment? Name: _____ Phone Number: _____
Name: _____ Phone Number: _____
Emergency Non-Owner Contact Information: Name: _____ Phone Number: _____

Veterinarian Information
Practice / Veterinarian's Name:
Phone Number:

Contract

By enrolling your dog into our enrichment program, you are agreeing to the following terms and conditions. Please initial each line and sign at the bottom.

1. I understand that I am responsible for any harm caused by my dog while my dog is attending Pabby's. I shall indemnify Pabby's against any claims made against the corporation or losses or damages of any kind suffered by Pabby's as a result of my failure to inform Pabby's of any pre-existing condition the dog may have (such as illness or aggression problems.) I understand and agree that in admitting my dog to Pabby's, the facility has relied on my representation that my dog is in good health and has not harmed or shown aggressive or threatening behavior towards any person or any other dog. _____
2. I understand and agree that Pabby's will not be liable for problems, damage, or injury caused by my dog provided reasonable care and precautions are followed by staff. I understand that Pabby's is fully insured. I release Pabby's of any liability arising from my dog's attendance and participation in our enrichment program. _____
3. I understand my animal may be placed in a crate for breaks not to exceed twenty minutes or if injured. In extreme cases dogs may be placed in a gentle leader or muzzled for their protection or the protection of others or for excessive barking. _____
4. I understand and agree that any problem or injury that develops with my dog will be treated as deemed best by Pabby's. Central Vet or Circle of Life Veterinary facilities will be contacted if I am unavailable in the event of a medical problem that is serious in nature. _____
5. I understand that if my dog is left at enrichment for a period of one day without contact from the owner this dog will be considered abandoned and necessary steps will be taken to turn the animal over to the proper authorities. _____
6. I, as the owner, agree to be solely responsible for any and all acts or behavior or my pet while in the care of Pabby's. If my pet should become ill or seem to be in need of medical consideration, Pabby's reserves the right to administer aid and/or to use any available veterinarian. I, the owner, shall pay any expenses so incurred as long as reasonable care and precaution has been used by our staff. _____

7. I understand that Pabby's reserves the right to do the following: deny entry to our program if my dog is not deemed a good candidate for enrichment, reschedule my interview if my dog is deemed a potential good candidate who needs another evaluation, or remove my dog from our program after acceptance if their behavior grows to be unacceptable or unsafe for our staff members.

8. I understand that I am to keep my dog home if they are feeling unwell, and/or presenting with potentially communicable diseases and illnesses. This includes but is not limited to coughing, diarrhea and general stomach upset, recent seizures, or unusual changes in behavior. I understand that if I am not forthcoming with Pabby's and bring my dog to enrichment, that I am putting both my own dog and other enrichment dogs at risk for illness. I understand that I will both be held liable for the resulting consequences of bringing my dog to enrichment and face termination from the enrichment program. _____

9. I understand that I will require written proof of health from my veterinarian before my dog can return to enrichment after being diagnosed with a serious injury or a communicable illness. I understand that the seriousness of an injury in regards to my dog's future safety at enrichment is up to the discretion of Pabby's. _____

10. I understand that enrichment days need to be reserved in advance, and I cannot drop my dog off on days that I have not reserved. I understand that Pabby's will not take dogs without a reservation for enrichment. _____

11. I understand that once my dog is enrolled into enrichment at Pabby's, I will be charged for my reserved enrichment days if I provide less than 24 hours notice of cancellation. _____

Signature: _____
Date: _____

www.pabbys.com

Pabby's Pet Resort, 101 Stewart Lane, Chalfont, PA 18914 - 215.997.7888



PABBY'S ENRICHMENT PROGRAM

What is enrichment for dogs?

Enrichment influences our dogs as a whole to live happy/healthy lives. Enrichment can be broken down into 5 different categories: **Social, Nutritional, Occupational, Sensory, & Physical**. Here, at Pabby's, our focus is on Enrichment for your dogs Sensory and Physical categories. Our enrichment program will provide outlets for positive expression of natural behaviors, providing your dog with more control and agency over their social and physical environment, while stimulating them mentally.

Are you interested in a set weekly schedule? Y N

If yes, please circle the day/s you're interested in attending:

 M Tu W Th F

If no, how often are you looking to participate in our enrichment program? _____

Does your dog have any food allergies? Y N

If yes, please elaborate: _____

Are there any treats you would not want your dog to have? _____

Does your dog have any physical limitations? _____

Does your dog have any resource guarding or protective issues over food, treats, or toys? Y N

If yes, please elaborate: _____

If yes, does a specific toy or treat worsen these behaviors? _____

What are you hoping to accomplish with us at Pabby's by enrolling your dog in our program? _____



About Your Dog

Name: _____ Breed: _____ Color: _____

Age / Date of Birth (estimates are okay): _____ Sex: M F - Weight: _____

Is your dog spayed/neutered: _____ If so, at what age: _____

How old was your dog when you first acquired them? _____

How long have you had your dog? _____

Where did you obtain your dog? _____

What is the main reason you have chosen daycare for your dog? _____

How did you hear about us? _____

Is Your Dog ...

Allowed to run free in the home: supervised unsupervised

Allowed to run in a fenced in yard: supervised unsupervised

Leash walked only:

Outside, unleashed, but supervised:

Crate Trained (please elaborate on behavior inside of crates, how often they are left, etc.): _____

Has your dog ever jumped a fence, or attempted to jump a fence unsuccessfully? If yes, describe the circumstances and the height.

Is your dog startled by loud noises? Y N

If yes, please elaborate: _____

Does your dog have any sound sensitivities? Y N

If yes, please elaborate: _____

Medical History

Does your dog have any current medical conditions? _____

Is your dog taking heartworm preventative? _____

How Often? _____

Is your dog on flea/tick preventative? _____

Which products, and how often? _____

Is your dog taking any other medication and if so, what for? _____

Personality & Preferences

What toys are provided for your dog? _____

What is their favorite toy? _____

Is your dog possessive over toys, food, or other objects? If so, please explain. _____

If your dog had something in their mouth that you did not want them to have, would they drop the object if asked? Would they let you take it from them? _____

How often and how much is your dog fed? _____

What is your dog's favorite treat? _____

Dog to Dog Interactions

How does your dog react when approached by other dogs in the home or yard? _____

How does your dog react when approached by other dogs out in public? _____

Does your dog react differently to other dogs depending on whether they are leashed? _____

Is your dog fearful of any types of dogs? _____

Are you fearful of any types of dogs? _____

Does your dog dislike a certain size, color, or breed of dog? _____

Does your dog play off-leash with other dogs? If yes, describe the circumstances: _____

Are there any other animals in your household? If yes, please list:

<i>Species</i>	<i>Name</i>	<i>Breed</i>	<i>Sex</i>	<i>Age</i>

History

Has your dog ever bitten anyone? If so, please describe the circumstances: _____

What is your dogs training history? Circle all that apply.

No Training	Trained Yourself	Puppy Kindergarten
Group Classes	Private Training Lessons	

Does your dog have any obedience titles, or awards? _____

IF APPLICABLE, where did you attend training classes? _____

1. What was the title of the course/s? _____
2. How long was the course? _____
3. Did you complete the program? Y N

IF APPLICABLE, what training services / trainer did you use? _____

What commands does your dog know, and how well?

Their Name: Always Usually Needs Work Never

Sit: Always Usually Needs Work Never

Stay/Wait: Always Usually Needs Work Never

Down: Always Usually Needs Work Never

Come/Recall: Always Usually Needs Work Never

Drop it / Leave it: Always Usually Needs Work Never

Other Commands: _____

Is your dog sensitive about any parts of their body? If yes, please explain: _____

Are there any other issues or past events that you wish to address, or feel you should inform us about?

*** Current vaccination records must be attached for review prior to submitting your daycare application. ***