



1496 NORTH PORTAGE PATH AKRON, OHIO 44313  
(234) 706-5501 WWW.PAYITFORWARDFORPETS.ORG

100% OF PROCEEDS SUPPORT ANIMAL RESCUE EFFORTS IN THE COMMUNITY!

# Doggie Daycare / Boarding Application

NOTE: All dogs must pass an interview prior to enrollment in our Guest Services. With limited occupancy, we advise timely submission of this application to assure your reservation for all offered services.

Pet Owner's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

Pet Name(s): \_\_\_\_\_ Pet Age(s): \_\_\_\_\_

Pet Breed(s): \_\_\_\_\_ Pet Weight(s): \_\_\_\_\_

**Doggie Daycare**

How many days per week?  
 1    2    3    4    5

Day schedule?  
 Full Day (5+ hours)    Half Day (up to 5 hours)

Starting Date: \_\_\_\_\_

**Doggie Boarding**

Reservation Start Date: \_\_\_\_\_

Reservation End Date: \_\_\_\_\_

## Required Veterinarian Records

You may submit a hard copy of current vaccines and fecal records from your Veterinarian.

Veterinarian Name: \_\_\_\_\_ Veterinarian Phone Number: \_\_\_\_\_

DHLPP Date: \_\_\_\_\_ Bordetella Date: \_\_\_\_\_ Fecal Test Date: \_\_\_\_\_

Rabies Vaccine Date: \_\_\_\_\_ Flea Control Date: \_\_\_\_\_ Spay / Neuter Date: \_\_\_\_\_

## Medications

Prescription Name: \_\_\_\_\_ Prescription Name: \_\_\_\_\_

Dosage: \_\_\_\_\_ Dosage: \_\_\_\_\_

Time of Day:  AM    Midday    PM   Time of Day:  AM    Midday    PM

## Nutrition - Owner Supplied

Food Brand: \_\_\_\_\_ Quantity: \_\_\_\_\_

Do you have special feeding instruction? \_\_\_\_\_

We provide organic treats on occasion. Would you allow your dog to have these treats?  Yes  No

## Allergies

Does your dog have environmental allergies?  Yes  No Does your dog have food allergies?  Yes  No

If yes to any allergies, please explain: \_\_\_\_\_

## Socialization

How well does your dog socialize?

- None. I have no knowledge.
- Fair. Leash introductions only.
- Good. With familiar pets only.
- Excellent. Interacts great with all dogs in all settings.

Does your dog have a bite record?

- None
- Once
- Multiple Times

Energy Level?

- Calm
- Moderate
- High
- Obnoxious

This is an off-leash environment. Our goal is to socialize all guests. If your pet is not social, how do you envision his/her day while in our care? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your dog resource guard with any of the following?

- None
- Toys
- Food
- Kennel / Bed

Does your dog know any of the following commands?

- Sit  Kisses
- Stay  Heel
- Lay / Down  None
- Come

Does your dog have any of these physical restrictions?

- None  No Playing
- No Running  No Jumping

Does your dog have any other physical limitations? If so, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Amenities

Spa Treatments Options:

- Bath - \$25
- Nail Trimming - \$12
- Package - \$35. Includes Bath, Blow-Dry  
Brushing & Nail Trimming
- None

Trail Walk Options:

- 15 minutes - \$15
- 30 minutes - \$30
- None

Behavioral Training Options:

- 15 minutes "in play" training each session - \$15
- 30 minutes "in play" training each session - \$30
- 1 hour private training with Pet Owner - \$70
- None

..... **Pay Policy / Cancellation Policy** .....

A deposit is required to secure your reservation. 50% of the fee is collected to hold the suite. If you cancel 48 hours prior to your reservation, 100% of your deposit will be credited to your house account for future services. A forfeit of deposit is required with a no-show or cancellation of your reservation inside of 48 hours.

..... **Holiday Reservations** .....

A deposit is required to secure your reservation. 50% of the fee is collected to hold the suite. Holiday time period = 3 days prior to the actual holiday and 3 days after. If you cancel 7 days prior to your reservation, 100% of your deposit will be credited to your house account for future services. A forfeit of deposit is required with a no-show or cancellation of your reservation inside of 7 days.

..... **Pet Handling** .....

As a 501c3 Animal Welfare nonprofit organization, we utilize staff and skilled volunteers to accomplish the task of animal care and dog walking on the trails. We take the responsibility and safety of our Guests very seriously. All staff and volunteers are fitted with a cross-harness and a double leash with one being a slip-lead to prevent the escape of any Guest.

\_\_\_\_\_ (please initial) Yes, I have been informed that my dog may be walked by staff or a supervised volunteer. I understand unprecedented precautions have been made to ensure my pet's safety. In the highly, unlikely event of an accident, I hold the designated volunteer and Pay It Forward For Pets harmless.

..... **Pet Safety** .....

We need to know if we can seek medical attention for your pet if an unlikely, unfortunate situation occurs.

I, \_\_\_\_\_, owner/caretaker of \_\_\_\_\_(pet name) approved for boarding / daycare at Pay It Forward For Pets (PIFFP, Inc.), approve transport to Akron Metropolitan Hospital for emergency care in the unlikely situation where my/this pet becomes ill or injured. Payment of a medical condition is the pet owner's responsibility UNLESS an injury was caused by an incident occurring on site at PIFFP, Inc.

Pet Owner / Staff Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pet Owner Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Pay It Forward For Pets Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Pay It Forward For Pets Doggie Daycare  
and Overnight Boarding facility is a nonprofit organization.  
100% of proceeds support animal rescue efforts in the community!**

