



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(s): _____

Dosage(s): _____

Time of Day: AM Midday PM

Nutrition - Owner Supplied

Food Brand: _____ Quantity: _____

Do you have special feeding instructions? _____

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

Does your dog have any of these physical restrictions?

- None
- No Running
- No Playing
- No Jumping

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

Amenities

Spa Treatments Options:

- Bath for small/medium dog (0-35lbs.) - \$25
- Bath for large dog (+35lbs.) - \$40
- Nail Trimming - \$12
- None

Trail Walk Options:

- 15 minutes - \$15
- 30 minutes - \$30
- 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!**

