

**Daycare, Boarding and Grooming Application**

5390 51st Ave South Fargo ND 58104

Phone – 701-532-1618

Fax – 701-532-1619

Email: boarding.grooming@hafhfacility.com

Owner: Jill Guttormson

**\*All pets must have shot records confirmed 7-10 days prior to services**

**\*All dogs will have a temperament test prior to boarding or daycare**

**Client Information:**

Owners Name (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_

Cell (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_Work (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_

Email address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fax # (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vet/Clinic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_Fax (\_\_\_\_) \_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Service interested in: Daycare\_\_\_\_\_\_\_ Boarding\_\_\_\_\_\_\_\_\_ Grooming \_\_\_\_\_\_\_\_

Emergency contact (other than your veterinarian or yourself):

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_

Name(s) of people authorized to pick up your dog(s)/cat(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**Dog(s) Information:**

**Dog #1 Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(DOB)\_\_\_\_/\_\_\_\_/\_\_\_\_\_ M\_\_\_\_\_\_ F\_\_\_\_\_\_\_\_

Breed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Color \_\_\_\_\_\_\_\_\_\_\_\_Weight \_\_\_\_\_\_\_\_\_ Spay/Neuter Yes\_\_\_\_\_No\_\_\_\_\_\_

Shot record dates: Kennel Cough \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Rabies \_\_\_\_/\_\_\_\_/\_\_\_\_ Distemper \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Microchipped Y\_\_\_\_ N\_\_\_\_\_\_ Chip #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any medical conditions\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medications(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dog #2 Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(DOB)\_\_\_\_/\_\_\_\_/\_\_\_\_\_ M\_\_\_\_\_\_ F\_\_\_\_\_\_\_\_

Breed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Color \_\_\_\_\_\_\_\_\_\_\_\_Weight \_\_\_\_\_\_\_\_\_ Spay/Neuter Yes\_\_\_\_\_No\_\_\_\_\_\_

Shot record dates: Kennel Cough \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Rabies \_\_\_\_/\_\_\_\_/\_\_\_\_ Distemper \_\_\_\_/\_\_\_\_/\_\_\_\_\_Microchipped Y\_\_\_\_ N\_\_\_\_\_\_ Chip #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any medical conditions\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Dog #3 Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(DOB)\_\_\_\_/\_\_\_\_/\_\_\_\_\_ M\_\_\_\_\_\_ F\_\_\_\_\_\_\_\_

Breed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Color \_\_\_\_\_\_\_\_\_\_\_\_Weight \_\_\_\_\_\_\_\_\_ Spay/Neuter Yes\_\_\_\_\_No\_\_\_\_\_\_

Shot record dates: Kennel Cough\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Rabies \_\_\_\_/\_\_\_\_/\_\_\_\_ Distemper \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Microchipped Y\_\_\_\_ N\_\_\_\_\_\_ Chip #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any medical conditions\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\*You may have your veterinarian fax your dog’s vaccination records to fax # 701-532-1619

\*Please let us know if you have more than one dog if you would like them in the same kennel, different rates may apply.

**Cat(s) Information:**

**Cat #1 Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(DOB)\_\_\_\_/\_\_\_\_/\_\_\_\_\_ M\_\_\_\_\_\_ F\_\_\_\_\_\_\_\_

Breed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Color \_\_\_\_\_\_\_\_\_\_\_\_Weight \_\_\_\_\_\_\_\_\_ Spay/Neuter Yes\_\_\_\_\_No\_\_\_\_\_\_

Shot record dates: Rabies \_\_\_\_/\_\_\_\_/\_\_\_\_ Distemper (RCP) \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Microchipped Y\_\_\_\_ N\_\_\_\_\_\_ Chip #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any medical conditions\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medications(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cat #2 Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(DOB)\_\_\_\_/\_\_\_\_/\_\_\_\_\_ M\_\_\_\_\_\_ F\_\_\_\_\_\_\_\_

Breed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Color \_\_\_\_\_\_\_\_\_\_\_\_Weight \_\_\_\_\_\_\_\_\_ Spay/Neuter Yes\_\_\_\_\_No\_\_\_\_\_\_

Shot record dates: Rabies \_\_\_\_/\_\_\_\_/\_\_\_\_ Distemper (RCP) \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Microchipped Y\_\_\_\_ N\_\_\_\_\_\_ Chip #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any medical conditions\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medications(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cat #3 Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(DOB)\_\_\_\_/\_\_\_\_/\_\_\_\_\_ M\_\_\_\_\_\_ F\_\_\_\_\_\_\_\_

Breed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Color \_\_\_\_\_\_\_\_\_\_\_\_Weight \_\_\_\_\_\_\_\_\_ Spay/Neuter Yes\_\_\_\_\_No\_\_\_\_\_\_

Shot record dates: Rabies \_\_\_\_/\_\_\_\_/\_\_\_\_ Distemper(RCP) \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Microchipped Y\_\_\_\_ N\_\_\_\_\_\_ Chip #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any medical conditions\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medications(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*You may have your veterinarian fax your cat’s vaccination records to fax # 701-532-1619

\*Please let us know if you have more than one cat if you would like them in the same kennel, different rates may apply.

**Please check all that apply to your dog(s)**

1. Has your dog ever escaped or attempted too? Yes\_\_\_\_\_ No\_\_\_\_\_
2. Has your dog been enrolled in daycare before? Yes\_\_\_\_ No\_\_\_\_\_
3. Is your dog toy/food possessive? Yes\_\_\_\_\_ No\_\_\_\_\_
4. Has your dog ever shown aggression toward a person or other dog? Yes\_\_\_\_\_ No\_\_\_\_\_\_
5. Has your dog ever bitten someone or another dog? Yes\_\_\_\_\_ No\_\_\_\_\_\_
6. Does your dog do well with strangers? Yes\_\_\_\_\_\_ No\_\_\_\_\_\_
7. Does your dog have any allergies? Yes\_\_\_\_\_\_ No\_\_\_\_\_\_\_
8. Does your dog have any medical restrictions on activity? Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_
9. Is your dog normally crated at home? Yes\_\_\_\_\_\_ No\_\_\_\_\_\_\_
10. Does your dog have any spots on its body they don’t like touched? Yes\_\_\_\_\_\_ No\_\_\_\_\_\_\_

Any questions you answered yes to please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Is there anything else you feel we should know about your dog while staying with us?

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

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Thank you for letting Home Away from Home take care of your furry family. Our mission is to treat your pets like they are one of our own.

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

**Home Away From Home Temperament Test**

**What is temperament testing?** It is a series of planned exercises designed to see how your dog will interact with certain situations, we monitor any human aggression, food aggression and in a safe environment we will see how they do with other dogs.

We will monitor how they do with dogs that we know are very dog friendly, they can meet through a fence at first and if there are not any issues seen they will be put on leashes to let meet one on one, if any issues are seen the pet will be taken out of the situation. Even if your dog doesn’t get along well with other dogs does not mean they cannot board with us, it just means they will have separate walks and play time without the other dogs in the areas they are in. If the dogs all get along they will be released in the play area to play together. If you have a senior dog they may not like all the excitement so they will be able to play and go for walks with just one on one with the staff.

After about 30 minutes or so, we will be able to tell if your dog will be able to adapt to other dogs or if it will be better to just let them have one on one time. If everything works out your dog will find a new pack of friends.



**Home Away From Home Client Agreement**

If my dog(s)/cat(s) are to be accepted into Home Away From Home boarding, grooming, daycare facility, I acknowledge that the facility will rely on my understanding and agreement with this application. Please read and initial in the spots below.

\_\_\_\_\_\_ Home Away From Home and its staff members will not be liable for problems, damages or injuries caused by my pet during its visit at Home Away From Home.

\_\_\_\_\_\_ As the pet owner, I agree to be responsible for any and all acts or behavior of my pet while in the care of Home Away From Home.

\_\_\_\_\_\_ Every pet can act differently, by nature and can present a certain level of risk. As the pet owner, I understand there can be risks involved in participating in day care and boarding. I as the pet owner accept those risks for my pet and agree that Home Away From Home is not responsible for dog fights, bites to the staff or any transmission of disease. I as the pet owner accept those risks and agree that Home Away From Home is not to be held responsible for any injuries suffer by my pet.

\_\_\_\_\_\_ I understand that my pet may experience separation anxiety when apart from their family. I accept those risks for my dog and agree that Home Away From Home is not responsible for any injuries suffered by my pet as a results of any incident at Home Away From Home.

\_\_\_\_\_\_ I understand that all services must be paid at time of service. I understand that any unpaid fees may be sent to collections at that point the pet owner is responsible for all collections and legal fees by such actions taken.

\_\_\_\_\_\_ I understand in admitting my pet into Home Away From Home that they are in good health and have not been ill or have been in contact with any communicable disease within the past 30 days, also has not harmed or shown any aggressive behavior toward any person or other animals.

\_\_\_\_\_\_ I understand that the staff at Home Away From Home are not trained veterinarians and will not be liable for the location, treatment or diagnosis of any injuries occurred on the property.

\_\_\_\_\_\_ I agree that Home Away From Home has power of decision concerning the care of my pet while at Home Away From Home. If a medical emergency happens, it is agreed that Home Away From Home can make any needed decision on the medical treatment of my pet up to $\_\_\_\_\_\_\_\_\_\_\_ and the pet owner will be responsible for reimbursing Home Away From Home. If any injuries occur the pet owner or emergency contact will be notified asap.

\_\_\_\_\_\_ I agree that pictures of my pet can be posted to Home Away From Home website/Facebook page.

\_\_\_\_\_\_\_ I have read and understand Home Away From Home rules and regulations.

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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