

# the Dog District

*"For dogs & their best friends"*

TRAINING • DAYCARE • BOARDING

## The Dog District Enrollment Form

1100 N. Frontage Rd  
Darien, IL. 60561

Phone: 630-541-6660  
Fax: 630-541-6212



### Owner Information

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

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

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

City: \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number:

Work: \_\_\_\_\_

Home: \_\_\_\_\_

Cell: \_\_\_\_\_

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

Emergency Contact (someone other than yourself):

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

Phone Number: \_\_\_\_\_

Who else can pick up your dog from our facility? \_\_\_\_\_

\_\_\_\_\_

This is an Agreement between The Dog District and the pet owner (hereinafter "Owner") whose signature appears below.

1. Owner agrees to pay the rate for pet care provided in effect on the date pet is checked into The Dog District (as posted in the facility). Upon the request of The Dog District, Customer agrees to provide a credit card to be kept on file and to be charged once every two weeks or at the end of the boarding period, whichever is less time.
2. Owner agrees to pay all costs and charges for special services requested, use of house food if insufficient food was provided, and all veterinary costs for the pet during the period the pet is in the care of The Dog District.
3. Owner agrees that the pet shall not leave The Dog District until all charges due are paid by Owner or payment arrangements are agreed to by The Dog District. The Dog District shall have, and is hereby granted, a lien on the pet for any and all unpaid charges resulting from services provided. The owner hereby agrees that in the event the charges are not paid when due, The Dog District may its lien rights upon ten days written notice given The Dog District to Owner by certified mail to address shown on this contract. The Dog District may dispose of the pet for any and all unpaid charges, at private or public sale, in the sole discretion of The Dog District, and Owner specifically waives all statutory or legal rights to the contrary.
4. By signing agreement, owner agrees that all information is accurate. The Dog District has the right to deny any pet for any reason at any time.
5. The Dog District shall exercise reasonable care for the pet delivered by the Owner. If interactive daycare is provided, Owner recognizes and accepts potential risks involved in such activity. The Owner agrees to be solely responsible for any and all acts or behavior of said pet while it is in the care of The Dog District, to include payment of costs for injury to staff or other animals or damage to facilities caused by the pet.
6. If pet becomes ill or injured, or if the state of the animal's health otherwise requires professional attention, The Dog District, in its sole discretion, may engage the services of a veterinarian or administer medicine or give other requisite attention to the dog and the expenses thereof shall be paid by the Owner.
7. I give permission to the Dog District to take and use any photograph of my dog for website or social media outlets.

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

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

**Dog Information (One form per pet)**

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

Breed: \_\_\_\_\_

Age/DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ Weight: \_\_\_\_\_

Spayed/Neutered? \_\_\_\_\_ Color: \_\_\_\_\_

**\*\*Please note\*\*** All dogs 6 months or older must be spayed or neutered to participate in daycare.

How long have you had your dog? \_\_\_\_\_

Where did you get your dog from? Rescue: Shelter: Breeder: Other:

Does your dog go to any off leash dog parks? Yes No

Have they been to any daycare or boarding facility before? Yes No

If yes, why did you change facilities? Please explain. \_\_\_\_\_

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

What would you like out of daycare the most? \_\_\_\_\_

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

**Dog's Personality**

Energy level: \_\_\_\_\_ Shares toys: \_\_\_\_\_

Does your dog play well with puppies? \_\_\_\_\_

Circle all that apply:

Likes being chased Likes to chase Barks on leash Plays rough

Shy or nervous Hunts of chases small animals

Has your dog ever bitten anyone? Please explain: \_\_\_\_\_

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

Is there any people/objects or situations that make your dog uncomfortable? Please explain:

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Circle any commands your dog knows:

Sit      Down      Off      Leave it      Crate      Come      Stay

**Feeding and Health:**

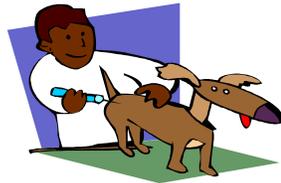
Type of food? \_\_\_\_\_ How much per feeding? \_\_\_\_\_

How many times a day: \_\_\_\_\_ Can we give your dog treats? \_\_\_\_\_

List any medical conditions: (I.E. allergies, medications, etc) \_\_\_\_\_

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**Vet Information**

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

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

Phone: \_\_\_\_\_

Shot Records Required: (Please bring in a copy of them or have vet fax to us)

-Rabies      -DHLPP      -Bordatella      -Lepto      Current Fecal Exam