



Dear Dog Owner:

Thank you for your recent inquiry about our dog enrichment center. At Rex's Place, we partner with owners who have a life long commitment to socialization training and relationship learning for their dog(s). Our mission is simple: Enrich the lives of dogs and the families they live with. We are focused on creating and maintaining relationships based on trust - between our dogs, the parents and us.

At Rex's Place we do more than provide daycare during the day.. We provide enrichment. We don't just have happy dogs. Our dogs are content. Throughout the day, we use a number of obedience techniques to create an atmosphere where dogs co-exist, are stimulated, engaged and do what they want to do most – be with other dogs. Along the way, they learn to adapt, thrive and grow into confident, social, mindful and content canine companions.

Our values are simple. We believe in:

- Responsible dog ownership
- Social responsibility
- Etiquette and well being
- Dedication
- Safety

It's easy to enroll. Just complete this form to get the process started. Then call us to arrange for your dog to come in and take a temperament test while he plays for the day. At the end of the day, when you pick your dog up, you will receive a report card detailing his/her/their day. Should you decide to enroll, you will be asked to bring your dog a minimum of one day a week for the first three months in order to ensure that your dog will settle in; rather than being a new dog each and every time they come. If a package is purchased within the first week of your testing, you will be credited for your first day. Dogs that want to overnight are required to attend daycare a minimum of 2x a month.

All dogs must be spayed or neutered (with the exception of puppies under 7 months old.). You must provide complete veterinary inoculation records, including rabies, distemper, bordetella and a fecal exam for parasites and giardia. These records must be updated annually.

If you want us to feed your dog during the day, just provide us with his/her food in a ziplock bag or container that can be returned.

If you have any questions, give us a call at 847-920-8739.

I understand that before dogs can play at Rex's Place the following requirements must be met:

- ◆ I understand my dog must pass a Temperament Test to ensure s/he is not aggressive toward people or other dogs;
- ◆ I hereby certify that my dog is in good health and has not had a communicable disease within the last thirty (30) days;
- ◆ I certify that my dog has never bitten or harmed another human or domestic animal with malicious intent;
- ◆ I am aware that Rex's Place is open from 6:00 to 6:30 Monday through Friday. If I am late picking up my dog, I understand that I am accepting a minimum \$15 late fee;
- ◆ I understand that all dogs are on a probation/observation period for 12 weeks in order for Rex's Place to better understand me and my dog's needs;. During that time, I commit to bringing my dog a minimum of 1 day per week so that s/he will get familiar with the rules of the facility
- ◆ I understand that my dog must be on a monthly heartworm and flea/tick preventative
- ◆ I understand that no refunds are given for expired services or in cases where a dog is expelled due to behavior or injury to another dog or staff;
- ◆ My dog must be sprayed or neutered unless younger than seven months of age
- ◆ I agree to allow Rex's Place the right to photograph my dog for use in promotional materials including, but not limited to, Facebook, Google+, Twitter; www.rexsplace.com; the Rex's Place blog or any other media appearances.

Signature: _____ Date: _____

OWNER INFORMATION

First Name: _____ Last Name: _____

Spouse/Partner First Name: _____ Last Name: _____

Address: _____ Unit/Apt: _____

City, State, ZIP: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____ Birth Month/Day _____

SPOUSE/PARTNER

Work Phone: _____ Cell Phone: _____

Email: _____ Birth Month/Day _____

EMERGENCY CONTACT

Name: _____ Relationship: _____

Phone Number(s): _____

OTHER PEOPLE AUTHORIZED TO PICK UP MY DOG(S)

Name: _____ Phone: _____ Relationship: _____

YOUR VET

Name: _____ Phone: _____

Office: _____

DOG INFORMATION

Please submit one application for each dog who you would like to have in off-leash play

Dog's Name:	Birthday:	Breed:
1a. Current age	Years:	Months:
1b. How long have you owned your dog?		
2. Where did you get your dog? <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Breeder <input type="checkbox"/> Pet Store <input type="checkbox"/> Animal Shelter <input type="checkbox"/> Animal Rescue Group <input type="checkbox"/> Friend <input type="checkbox"/> Found As Stray <input type="checkbox"/> Other _____	What knowledge do you have of your dog's past history?	

3. Why are you considering our off-leash dog play program for your dog? (check all that apply)

- Play with other dogs
- So not home alone; check if exhibits symptoms of separation anxiety
- Exercise: Primary source or Additional source of exercise
- Recommended by other pet professional (trainer, vet, etc.);
Reason: _____
- Other: _____

4. Which of the following best describes your dog's level socialization with other dogs:
 None - No knowledge of other dog interaction Minimal - On leash encounters only

Moderate - Some off-leash playtime on occasion with visitor's/neighbor's/friend's dog(s)

Extensive - Regular visits to dog social events, off-leash dog parks, dog daycare, etc.

5a. Has your dog had any problems previously in an off-leash social environment?

- No Yes, (check all that apply)
- Altercation or fight at a public dog park
- Altercation or fight with a neighbor or friend's dog
- Fearful reaction in a group of dogs
- Dismissed from a prior dog daycare or social playgroup program (complete item 5b)
- Other (please describe) _____

5b. *Only complete if you answered yes in 5a that your dog was dismissed from a prior program.*

What reason were you given as to why your dog was dismissed?

Check each statement below that applies to the situation that resulted in your dog's dismissal.

- My dog was injured, no medical treatment required
- My dog was injured and required medical treatment
- Another dog was injured, no medical treatment required
- Another dog was injured and required medical treatment
- A person was injured, no medical treatment required
- A person injured and required medical treatment

Provide any other comments you want us to know about this situation.

HEALTH HISTORY

6. Please describe your dog's flea/tick control and prevention program:	
7. Does your dog have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	
8. Does your dog have any physical disabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain disability & cause: If answered yes, what restrictions need to be placed on your dog's activities or movements? <input type="checkbox"/> No jumping <input type="checkbox"/> No running <input type="checkbox"/> No hard play <input type="checkbox"/> No contact with other dogs <input type="checkbox"/> Other <i>(Please explain)</i>	
9. Does your dog have any medical conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: If medication is used to control the condition, please provide name and dosage.	
10. Provide details of your dog's diet – a. <i>type</i> (kibble, canned, raw/natural): b. <i>brand</i> (Innova, Iams, Purina, etc.): c. <i>primary protein source</i> : d. <i>feeding schedule</i> :	
11. On what type of surface does your dog generally go to the bathroom (e.g., grass, mulch, pee pads)?	
12. Does your dog have any bathroom-related issues or concerns?	
13 a. How often do you brush or comb your dog's coat?	13b. How does your dog react to having his/her nails clipped?
13c. Does your dog like to be brushed? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, what have you tried to make it more enjoyable?	
14. Does your dog have any sensitive areas on his/her body? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where?	

15. Where are your dog's favorite petting spots?	
16a. How frequently is your dog walked outside?	16b. How long are your walk
17. Check the box below that best represents your dog's overall level of exercise routine: <ul style="list-style-type: none"> <input type="checkbox"/> Couch Potato: Spends days sleeping, occasional walks and/or playtime with humans or other dogs. <input type="checkbox"/> Mild Exerciser: Short daily walks and/or regular playtime with human or other dogs. <input type="checkbox"/> Moderate Exerciser: Long or multiple walks daily and/or regular playtime with human or dogs. <input type="checkbox"/> Athlete: Regular jogs/runs and/or regular participation in a dog sport activity such as agility, flyball,frisbee, etc. 	

HOUSEHOLD INFORMATION

18. Complete table with information on other pets in household:

Breed	Age	Sex	Spayed or Neutered
1.		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have cats? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many cats do you have?		How does your dog get along with your cats? How does he react to unfamiliar cats he sees on walks?	

19a. Does your dog like children? <input type="checkbox"/> Yes <input type="checkbox"/> No	
19b. How does your dog behave around children?	19c. How does your dog get along with other household animals?
20. Do any visitors bring their dog(s) to your house? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how do they get along?	
21. How does your dog react to a stranger coming into your home or yard?	

22. Does your dog ever bark or growl at anyone passing outside your home or yard? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:
23. Are there any types and/or breeds of dogs your dog seems to automatically fear or dislike? <input type="checkbox"/> Yes <input type="checkbox"/> No, If yes, please describe:
24. How does your dog react to puppies?

25. How does your dog react to another dog approaching him/her in a park, at the beach, or on a walk?	
a. On Leash:	b. Off Leash:

26. Does your dog play with other dogs? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, which type? <input type="checkbox"/> Male and females <input type="checkbox"/> Only males <input type="checkbox"/> Only females
Please describe size, breed, & temperament of the other dogs.

27. What kinds of games does your dog play with other dogs?

28. What kinds of games does your dog play with people?

29. Has your dog ever shared his/her food or toys with other animals? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how does your dog react to another dog approaching his/her food or toys?
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30. Which commands does your dog know? (please check all that apply) <input type="checkbox"/> Sit <input type="checkbox"/> Stay <input type="checkbox"/> Down <input type="checkbox"/> Come <input type="checkbox"/> Heel <input type="checkbox"/> Rollover <input type="checkbox"/> Kisses <input type="checkbox"/> High Five <input type="checkbox"/> Other: _____
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31. How did your dog get his/her obedience training? (Please check all that apply)

- Attended one group class
- Attended more than one level of group classes (beginner and intermediate, etc.)
- Dog was sent to a board and train program
- Private sessions in home
- Other, please explain:

32. Which of the following best describes the use of obedience cues with your dog at home?

- Key part of daily communication
- Used when we go on walks or have people over
- Used occasionally to better control behavior
- Rarely used
- Not applicable

33. What kind of a collar do you use to walk your dog?

Buckle Nylon/Chain Choke Collar Harness – Leash Clips on Back Harness – Front Clip Head Collar Prong/Pinch Other:

34. Is it effective in keeping him/her under control? Yes No

35. Has your dog ever gotten away from someone when out for a walk? Yes No
If yes, please explain circumstances:

36a. Where does your dog sleep?
 Inside the house Outside the house Inside/Outside-varies

36b. In which room in the house does your dog sleep?

36c. Where in the room does your dog sleep?
 Crate Owner's bed Dog Cushion/Bed on floor
 Other (*Please describe*)

37. Has your dog ever jumped up on someone? Yes No If yes, what were the circumstances?

38. How does your dog act when you get home at the end of the day?

39. What does your dog do to show he/she is happy?

40. What does your dog do to show he/she is upset?

41. Is your dog allowed on the furniture at home? Yes No

<p>42. Does your dog have any problems in any of the following areas? If yes, please explain.</p> <p><input type="checkbox"/> Mouthing _____</p> <p><input type="checkbox"/> Housetraining: _____</p> <p><input type="checkbox"/> Barking: _____</p> <p><input type="checkbox"/> Digging: _____</p> <p><input type="checkbox"/> Ignoring commands: _____</p> <p>_____</p>
<p>43. Does your dog know any tricks? If yes, please describe. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

DOG BEHAVIOR INFORMATION

<p>44. Are there any particular types of people your dog seems to automatically fear or dislike?</p>
<p>45. Has your dog ever growled at someone? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what were the circumstances and how did you respond?</p>
<p>46. Has your dog ever bitten a person? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what were the circumstances and how did you respond? Please describe injuries (if any).</p>
<p>47. Has your dog ever bitten another animal? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what were the circumstances and how did you respond? Please describe any injuries if there were any.</p>
<p>48. To the best of your knowledge, what does your dog do when you're not at home?</p>
<p>49. Has your dog ever climbed/jumped a fence? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what were the circumstances? How high was the fence?</p>
<p>50. Has your dog ever escaped from your house or yard? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain the circumstances:</p>

51. How would you describe the energy level of your dog? <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High
52. Has your dog ever chased or tried to chase a small animal? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what were the circumstances?
53. Has your dog ever chased someone (or wanted to) on a skateboard or bicycle? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what were the circumstances?
54. Is your dog frightened by thunderstorms? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe typical behavior & what specifically helps to relax your dog or calm his/her fear.
55. Is your dog frightened or nervous around anything else? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.
56. Does your dog play with any toys? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what kinds of toys does your dog like?
57. Has your dog ever growled or snapped at a person who has taken food or toys away from him/her? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what were the circumstances and how did you respond?
58. Has your dog ever growled or snapped at another dog who has taken food or toys away from him/her? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what were the circumstances and how did you respond?
59. Have you ever noticed your dog stopping and staring at another animal? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what were the circumstances?
60. Other comments or information about your dog that you feel might be helpful?

PAYMENT INFORMATION

Owner Name: _____ **Dog Name:** _____

E-mail address for mailing of receipt: _____

Our packages are designed to facilitate your visits to Rex's Place and provide you with daycare at a reduced price. There are two options available: cash/check or charge. If you would like us to keep your payment information on file to facilitate the quick processing of charges, please complete the information below. A receipt for all charges will be emailed to you at the time of purchase. Please note that if you choose the cash option, or choose not to purchase a package, payment for all services are due at time of pick-up.

Discover Master Card VISA

Card Number: _____ **Expires: (mm/yyyy)** _____

Please indicate if you would like us to use this information to automatically charge/renew your services: Yes No

DOG DAYCARE PET CARE AGREEMENT

Your Name: _____
Address: _____ City _____ Zip _____
Home Phone (____) _____ Work Phone (____) _____
Dog Name: _____ Age: _____ Breed: _____

Client Agreement and Release of Liability

I hereby release Rex's Place, its agents, officers, sub-contractors, and employees from any and all liabilities, financial, and otherwise, for injuries to myself, my dog, or any other property of mine, which arise in any way from services and/or products provided by or as a consequence of my association with Rex's Place.

I agree to assume all liabilities and responsibilities, financial and otherwise, for the behavior and health of my dog. In consideration of the services rendered by Rex's Place, I waive any and all claims, actions, or demands of any nature, foreseen or unforeseen, that I may have against Rex's Place relating to the care, control, health, and/or safety of my dog arising during pick-up, transport, drop-off, and stay at the facilities.

I authorize Rex's Place to do whatever it deems necessary for the safety, health, and well-being of my dog while under the care of Rex's Place, including seeking professional veterinary treatment for my dog.

Due to the many outstanding benefits of dog socialization and Rex's Place's commitment to the safety and well-being of my dog, I agree that the benefits of dog socialization outweigh the risks. Furthermore, I request a socialized environment for my dog while under the care of Rex's Place. I understand by allowing my dog to participate in services offered by Rex's Place, I hereby agree to allow Rex's Place to take photographs or use images of my pet in print form or otherwise for publication and/or promotions.

I understand that Rex's Place has the right to refuse service to me and/or my dog at any time for any reason. I understand that if my dog has a history of or repeatedly demonstrates aggression or biting of humans or animals, Rex's Place reserves the right to refuse service. I understand that all bites will be reported to the local authorities as required by law.

I hereby declare to Rex's Place that I am the legal owner of my dog; that my dog has not been exposed to distemper, rabies, or parvovirus within the past thirty (30) days; and that my dog has been inoculated as indicated by records presented.

Signature of Owner: _____ Date: _____

Printed name: _____

DOG DAYCARE PET CARE AGREEMENT

Payment Requirements

I understand that the hours of operation at Rex's Place are 6:30 a.m. to 6:30 p.m. Monday-Friday. A minimum late fee of \$15 applies after 7 p.m.

If I purchase a half-day service and fail to pick up my dog after six (6) hours, I will be charged the full-day fee.

I authorize Rex's Place to charge my credit card for any outstanding balance on my account. I understand that I will be charged a \$25 handling fee for returned checks.

By signing below, I acknowledge that I have read this Daycare Agreement in its entirety and agree to the terms. This agreement shall be binding for a period of ten (10) years from the date of signature below.

Signature of Owner: _____ Date: _____

Printed name: _____

DOG DAYCARE MEDICAL RELEASE FORM

This is a required form for all Rex's Place participants receiving services. The safety and well being of your pet(s) is of the highest importance. We consider your pet's safety and well being to be our first responsibility. As such, we take it very seriously. We do our best to have our pet parents screen for pre-existing health conditions but some factors may be beyond our control. In the event that a medical emergency arises while a pet is at our facility or participating in a service that we provide, it is imperative that we are immediately able to get them medical treatment at the closest available facility. We will call ahead to the veterinary offices in closest proximity geographically to us to insure they can handle the present emergency. Your pet will be rushed to the closest available facility for treatment. We notify the owner after we have secured medical treatment for the animal. Our goal is to get your pet medical attention as quickly as humanly possible, and any distractions may interfere with this process.

For that reason, Pet Parents are required to sign this form. In the event of a medical emergency that Rex's Place deems to need the immediate attention of a licensed veterinarian, I authorize Rex's Place to seek medical attention at the closest available veterinary facility. I further agree that I am financially responsible for any medical treatment my pet(s) receives as a result of a medical emergency while attending services provided by Rex's Place.

Signature of Owner _____ Date _____

Printed Name _____