

Dog's Name: _____

Rex's Place
Enrollment Application p. 1



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 lifelong commitment to socialization, training, and relationship learning with their dog(s). Our mission is simple: to 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, their humans, and us.

At Rex's we do more than provide care 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 wellbeing
- Dedication
- Safety

It's easy to enroll. Just complete this form to start the process. Then, call us to arrange for your dog to come in and take a temperament test while s/he plays for the day. At the end of that day, when you pick your dog up, you will receive a report detailing the day. Should you decide to enroll, you will be asked to bring your dog a minimum of one day per 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 you purchase a package within one week of your temperament test, you will be credited for your first day. Dogs who want to board overnight are required to attend day care a minimum of twice a month.

All dogs must be spayed/neutered (with the exception of puppies younger than 7 months). 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 plastic resealable bag or a container that can be returned to you.

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

Dog's Name: _____

Rex's Place
Enrollment Application p. 2

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Dog's Name: _____

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

- I understand that my dog must pass a temperament test to ensure that 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 a human or another domestic animal with malicious intent.
- I am aware that Rex's Place is open from 6:00 AM to 6:30 PM Monday through Friday. If I am late picking up my dog, I understand that I will pay a late fee of minimum \$15.
- I understand that all dogs are on probation/observation for a period of 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 to Rex's Place a minimum of one day per week so that s/he will become familiar with the rules of the facility.
- I understand that my dog must be on monthly heartworm and flea/tick preventive.
- I understand that no refunds are give for expired services or in cases where a dog is expelled due to behavior or to injury to another dog or staff.
- I understand that my dog must be spayed/neutered unless younger than seven months of age.
- I agree to allow Rex's Place to photograph my dogs 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: _____

Primary Email: _____ Other email: _____

Home Phone: _____ Cell Phone: _____ Work: _____

Spouse/Partner Cell Phone: _____ Spouse/Partner Work: _____

Emergency Contact: _____ phone: _____

How did you find out about Rex's Place? _____

Your birthday: _____ Spouse/Partner's birthday: _____

Dog's Name: _____

DOG INFORMATION

Please submit one application for
each dog you would like to bring for off-leash play.

Dog's Name: _____ Breed: _____

Description/Coloring: _____

Gender: _____ Spayed/Neutered? (Circle one) Y / N

Weight: _____

Date of Birth / Adoption: _____ Dog's current age: _____

Authorized to pick up dog:

Name: _____ Best Phone to Reach: _____

Relationship to owner: _____

**Does your dog ever exhibit, or has your dog ever exhibited, any of these behaviors/
conditions?**

Aggression toward people or dogs

Biting

Coprophagia (eating poop)

Digging

Excessive Barking

Excessive Marking

Excessive Mounting

Food Aggression

Food Allergy

Jumping

Long nails

Needing naps

Problems with house training

Separation anxiety

Toy possessiveness

Problems with leashes or collars

YOUR VETERINARIAN

Hospital/Office Name: _____ Vet's Name: _____

Office Address: _____ Phone: _____

**Please attach a copy of your dog's inoculation record, including rabies, distemper, and
bordetella, to this application. Thank you!**

Dog's Name: _____

How long have you owned your dog? _____ years, _____ months

Where did you get your dog?

- Newspaper Ad Breeder Pet Store
- Animal Shelter Animal Rescue Group
- Found as a stray Friend Other

What knowledge do you have of your dog's past history?

Has your dog had any problems in the past in an off-lease environment?

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

If your dog was dismissed from a prior daycare, please tell us what reason you were given for the dismissal:

Please check each statement that applies to the situation resulting 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 was injured and required medical treatment

Please provide us with any other information you want us to have about the situation.

Dog's Name: _____

Why are you considering our off-leash 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: _____

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.

HEALTH HISTORY

Please describe your dog's flea/tick control and prevention program:
Does your dog have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:
Does your dog have any physical disabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain disability & cause:
If 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>)

Dog's Name: _____

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.	
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> :	
On what type of surface does your dog generally go to the bathroom (e.g., grass, mulch, pee pads)?	
Does your dog have any bathroom-related issues or concerns?	
How often do you brush or comb your dog's coat?	How does your dog react to having his/her nails clipped?
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?	
Does your dog have any sensitive areas on his/her body? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where?	
Where are your dog's favorite petting spots?	
How frequently is your dog walked outside? How long are your walks?	

Dog's Name: _____

Please check the box below that best represents your dog's overall level of exercise routine:

- Couch Potato: spends days sleeping, occasional walks and/or playtime with humans or other dogs.
- Mild Exerciser: short daily walks and/or regular playtime with humans or other dogs.
- Moderate Exerciser: long or multiple walks daily, and/or regular playtime with humans or dogs.
- Athlete: regular jogs/runs and/or regular participation in a dog sport activity such as agility, flyball, frisbee, etc.

HOUSEHOLD INFORMATION

Please complete this table with information on other pets in your 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?	
Does your dog like children?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
How does your dog behave around children?		How does your dog get along with other household animals?	
Do any visitors bring their dog(s) to your house? If yes, how do they get along?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
How does your dog react to a stranger coming into your home or yard?			

Dog's Name: _____

Does your dog ever bark or growl at anyone passing outside your home or yard?

Yes No

If yes, please explain:

Are there any types and/or breeds of dogs your dog seems to automatically fear or dislike?

Yes No, If yes, please describe:

How does your dog react to puppies?

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:

Does your dog play with other dogs? Yes No

If yes, which type?

Male and females

Only males

Only females

Please describe size, breed, & temperament of the other dogs.

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

What kinds of games does your dog play with people?

Dog's Name: _____

Has your dog ever shared his/her food or toys with other animals? Yes No
If yes, how does your dog react to another dog approaching his/her food or toys?

Which commands does your dog know? (please check all that apply)

- Sit Stay Down Come Heel Roll over Kisses
 High Five Other: _____

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:

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

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 Collar Other:

Is it effective at keeping him/her under control? Yes No

Dog's Name: _____

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

Where does your dog sleep?

Inside the house Outside the house Inside/Outside—varies

In which room in the house does your dog sleep?

Where in the room does your dog sleep?

Crate Owner's bed

Dog Cushion/Bed on floor

Other (please describe)

Has your dog ever jumped up on someone? Yes No

If yes, what were the circumstances?

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

How does your dog show s/he is happy?

How does your dog show s/he is upset?

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

Does your dog have any problems in any of the following areas? If yes, please explain.

Mouthing _____

Housetraining: _____

Barking: _____

Digging: _____

Ignoring commands: _____

Dog's Name: _____

Does your dog know any tricks?

Yes No

If yes, please describe.

DOG BEHAVIOR INFORMATION

Are there any particular types of people your dog seems to automatically fear or dislike?

Has your dog ever growled at someone? Yes No

If yes, what were the circumstances and how did you respond?

Has your dog ever bitten a person? Yes No

If yes, what were the circumstances and how did you respond? Please describe injuries (if any).

Has your dog ever bitten another animal? Yes No

If yes, what were the circumstances and how did you respond? Please describe any injuries if there were any.

To the best of your knowledge, what does your dog do when you're not at home?

Has your dog ever climbed/jumped a fence? Yes No

If yes, what were the circumstances?

How high was the fence?

Has your dog ever escaped from your house or yard? Yes No

If yes, please explain the circumstances:

How would you describe your dog's energy level?

Low Medium High

Dog's Name: _____

Has your dog ever chased or tried to chase a small animal? Yes No
If yes, what were the circumstances?

Has your dog ever chased someone (or wanted to) on a skateboard or bicycle?
 Yes No If yes, what were the circumstances?

Is your dog frightened by thunderstorms? Yes No
If yes, describe typical behavior & what specifically helps to relax your dog or calm his/her fear.

Is your dog frightened or nervous around anything else? Yes No
If yes, please explain.

Does your dog play with any toys? Yes No
If yes, what kinds of toys does your dog like?

Has your dog ever growled or snapped at a person who has taken food or toys away from him/her? Yes No
If yes, what were the circumstances and how did you respond?

Has your dog ever growled or snapped at another dog who has taken food or toys away from him/her? Yes No
If yes, what were the circumstances and how did you respond?

Have you ever noticed your dog stopping and staring at another animal?
 Yes No If yes, what were the circumstances?

Is there anything else about your dog that you feel might be helpful for us to know?

Dog's 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 _____

Dog's Name: _____

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 demonstrate 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's 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's Name: _____

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 and 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.

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

Discover Master Card VISA

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