



# Doggie Daycare. Dog Park. Grooming. Pet Supplies

3041 N. Rampart St, New Orleans, LA 70117

## Client Information

Owner's Full Name: \_\_\_\_\_

Primary Phone: c/w/h \_\_\_\_\_ Secondary phone: c/w/h \_\_\_\_\_

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

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

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

Emergency Contact: \_\_\_\_\_ Phone Number: c/w/h \_\_\_\_\_

Names of Those Allowed to Pick up Your Pet: \_\_\_\_\_

\_\_\_\_\_

Their contact numbers: c/w/h \_\_\_\_\_ c/w/h \_\_\_\_\_

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

## Dog Information

Dog 1: Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Gender: M / F

Birth Date: \_\_\_\_\_ Color: \_\_\_\_\_ Spayed/Neutered: Y / N

Dog 2: Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Gender: M / F

Birth Date: \_\_\_\_\_ Color: \_\_\_\_\_ Spayed/Neutered: Y / N

More pups, please use back of sheet. ☺

## Veterinarian Information

Clinic Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Health Information**

Your dog’s health is extremely important to us. Please let us know of all health issues, allergies, and medical conditions.

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Is your dog on some form of flea preventative? Yes / No / NA

All dogs must be current on the following vaccinations: Dog #1 \_\_\_\_\_ Dog #2\_\_\_\_\_

o DHLPP – Distemper (annually) Expiration Date: \_\_\_\_\_

o Rabies (every 3 yrs) Expiration Date: \_\_\_\_\_

o Bordetella (6 months/1 year) Expiration Date: \_\_\_\_\_

Do you want your dog groomed while they are in daycare? If so, please make arrangements to discuss your specific needs.

**Behavior Information**

Has your dog been in a daycare environment before? **Y / N**

If Yes, what was his/her favorite activity or specific thing about that daycare? If No, how would you describe your dog’s play style? \_\_\_\_\_

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Please list any behavior issues your dog has exhibited in the past, including incidents of biting or growling at another dog or person, food or toy aggression, fear of strangers, etc.

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Are there any behavioral issues your dog is experiencing presently?\_\_\_\_\_

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Is your dog frightened or stressed by any type of human, dog, event (e.g., tall men, chocolate labs, thunder, etc.)? \_\_\_\_\_

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Any other information you feel we need to know about your dog(s)?

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**Photo release:** I agree to allow my dog's photo/video to be taken while at Bark Market Day Care. It may be used in promotional materials and on our website. To decline, check here:

**For the safety of all dogs and staff at Nola Bark Market Day Care, all of the information I have provided is the most current and up-to-date.**

**Signature of Owner:** \_\_\_\_\_

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

**Print Full Name:** \_\_\_\_\_

**Rules and Regulations:**

The purpose of Nola Bark Market Day Care is to provide a safe, fun, and stimulating environment for your pet. To ensure the safety and health of your pet and all our other guests, we require all of our guests to comply with the following Rules and Regulations.

All dogs must be spayed or neutered by 7 months of age.

**VACCINATIONS:** All pets must have up-to-date vaccinations. Owners must submit written proof FROM THEIR VETERINARIAN that their pet received DHLPP, Rabies, and Bordatella vaccinations within the past year. Specifically, the vaccines required are Distemper, Hepatitis, Leptospirosis, Parainfluenza, Parvovirus, and Bordetella. These shots are more commonly referred to as DHLPP; 5 in 1 or 6 in 1 and could include or have the kennel cough vaccine as a separate inoculation. These shots are to be given by a Veterinarian annually in addition to Rabies every 3 years.

**HEALTH:** All pets must be in good health. Owners will need to certify that their pet(s) are in good health and have not been ill in the past 30 days. On admission all pets must be free from any condition, which could potentially jeopardize other guests. Pets who have been ill with a communicable condition in the last 30 days will require a veterinarian certification of health to be admitted or readmitted.

**BEHAVIOR:** All pets must be non-aggressive and not food or toy protective.

**APPLICATION:** All pets must have a complete, up-to-date and approved application on file.

**FEES:** Due and payable at time of pick-up.

**DAYS & HOURS:** Monday - Friday from 7am to 7pm. Saturday and Sunday by appointment. There is NO overnight boarding. If you will be late in picking up your dog, you must call and notify us in advance. If you are late, a charge will be levied of \$5 per 15 minutes after 7pm, per dog.

**RESERVATIONS/CANCELLATIONS:** Are required for daycare to assure there is space for everyone who wants to come!

All dogs must wear a name tag and appropriate collar. I have read and agree to the information above.

**Signature of Owner:** \_\_\_\_\_

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

**Print Full Name:** \_\_\_\_\_

**Agreement and Release – Health, Temperament, Damage, and Theft**

1. In agreement of being permitted to use the services and facilities of New Orleans Art Supply, Inc., d.b.a. Nola Bark Market Day Care, I/we, the undersigned Owner(s), hereby release, waive, and discharge Nola Bark Market Day Care, its owners, staff, and volunteers from all liability for any and all loss or damage, and any claim or damages resulting therefrom, on account of injury, loss, damage, infestation, or disease to my/our pet(s), including injury resulting in death, whether caused by the negligence of Nola Bark Market Day Care, its owners, staff or volunteers or otherwise while my/our pet(s) are under the care of Nola Bark Market Day Care.

2. I/we agree to indemnify Nola Bark Market Day Care, its owner, staff, and volunteers for any loss, liability, damage, or cost they may incur due to my/our presence or the presence of my/our pet(s) in or upon Nola Bark Market Day Care premises and while my/our pet(s) is/are under the care of Nola Bark Market Day Care.

3. I/we agree to indemnify Nola Bark Market Day Care, its owner, staff, and volunteers for any loss, liability and damage, or cost they may incur from delivering my/our pet(s) from Nola Bark Market Day Care premises to and from my place of residence. This includes, but is not limited to, any injury, illness or death to the pet(s) and damage and theft to my/our residence.

4. I/we hereby assume full responsibility for any harm caused by my/our pet(s) while in/or upon Nola Bark Market Day Care premises and while my/our pet(s) is/are under the care of Nola Bark Market Day Care. I/we further agree to indemnify Nola Bark Market Day Care, its owners, staff, and volunteers for any loss, liability, damage, or costs they may incur due to any harm caused by my/our pet(s).

5. I/we expressly agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Louisiana, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

6. I /we further understand and agree that in admitting my/our pet(s) to Nola Bark Market Day Care, the owners of Nola Bark Market Day Care have relied on my/our representation that my pet(s) is/are in good health and has/have not harmed or shown aggression or threatening behavior toward any person or any other pet.

7. I/we agree that should a court determine that any provision waiving liability is deemed not enforceable, Nola Bark Market Day Care liability shall be limited to the funds paid to it by me for taking care of my/our pet.

8. I/we further understand and agree that any injury or illness that develops with my/pet(s) will be treated as deemed best by Nola Bark Market Day Care, and that I/we assume full financial responsibility for any and all expenses involved, even if such expenses were later found to be unnecessary. Furthermore, should my/our pet die during our absence, a veterinarian may be called to safe keep our pet’s body until our return.

9. I/we have read the attached Rules and Regulations and agree to abide by them. I/we certify that I/we have read and understand the Rules and Regulations set forth on the preceding page and that I/we have read and understand this Agreement and Release. I agree to accept all the terms, conditions, and statements of this Agreement.

10.

**Signature of Owner:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Full Name:** \_\_\_\_\_