

Enrollment Application Form

D.Tails, LLC
Dog Play School
4 Center Road—Unit 4
Old Saybrook, CT 06475

860-388-1819
860-434-1212

Dear Dog Owner,

Welcome to D.Tails Dog Play School! D.Tails looks forward to offering your beloved pet a safe, enjoyable, and interesting social environment during your weekday business hours. We provide training, supervised play, exercise, naps, daily walks, and other activities for socializing with other pets and our friendly staff. (Please note that dogs will be crated for their naps)

Enclosed, please find the information and forms required for you to register your pet with D.Tails. There is a one-time, \$10.00 non-refundable application processing fee for each pet. (Please note we do not accept credit or debit cards).

To enroll, please fill out the enclosed forms and return them to D.Tails, 4 Center Road, Unit 4, Old Saybrook, CT 06475 along with proof of vaccinations and a check or money order for \$10.00 for each pet. You may enroll through the mail, email (DDTails@CS.Com) or drop off your forms in person. Once we receive your enrollment form, proof of vaccinations, and enrollment fee, we will review your paperwork and call to schedule a time to meet you with your pet(s).

If you have further questions, please contact us at (860)-388-1819, or stop by D.Tails, LLC to visit us in person. We are open Monday through Friday from 6:30 a.m. to 6:00 p.m. We look forward to meeting you!

Donna Bennett
D.Tails, LLC

D.Tails, LLC
D.Tails Dog Play School Information and Policies

The goal of D.Tails, LLC, Dog Training Center is to provide social interactions, exercise, reinforcement or training of manners, and fun, in a safe, clean, environment. In order to ensure the safety and health of your pet and all guests, visitors and clients, we require all guests, visitors and clients to comply with the following rules and regulations:

AGE: All dogs must be at least 12 weeks of age or older

SEX: All dogs 7 months or older must be spayed or neutered

SHOTS: All dogs must have up-to-date vaccinations. Owners must provide written proof of DHLPP and Bordetella vaccinations. Rabies is required for puppies over 4 months of age.

HEALTH: All dogs must be in good health. Owners must certify their dog(s) are in good health and have not been ill with any communicable conditions within the last 30 days. Upon admission, all dogs must be free from any condition that could potentially jeopardize other guests, visitors, or clients. Dogs that have been ill with a communicable condition within the last 30 days will require veterinarian certification of health to be admitted or readmitted.

BEHAVIOR: All dogs must be non-aggressive and not food or toy protective. Owners must certify their dogs have not harmed or shown any aggressive or threatening behavior towards any person or any other dog(s). Remember! Your pet will be sharing time and space with other pets and the safety, health, and well-being of all animals is our main concern.

APPLICATION: All dogs must have a complete, up-to-date and approved application on file. There is a one-time, \$10.00 non-refundable application screening fee for each pet.

FEES: Fees are based on a pass plan. A pass does not expire. All prices include CT State tax of 6.35%.

Five day pass:	\$145.00 (\$28.00 per day)
Ten day pass:	\$275.00 (\$27.00 per day)
Twenty day pass:	\$530.00 (\$26.00 per day)
Additional dogs:	\$17.00 per day, per additional dog
Half days:	\$24.00 per half day. <i>Half day shift is 6:30am-1:30pm ONLY.</i>

DAYS AND HOURS: Monday through Friday from 6:30am-6:00pm. *Dogs need to be dropped off no later than 10:00 AM.* D.Tails LLC is not an overnight facility. Staff goes off duty at 6:00pm and there is a \$1.00 per minute charge for any pet left after 6:00pm.

RESERVATIONS: Required. Cancellations with less than 24 hours notice will be charged full fees.

D.Tails
OWNER AGREEMENT

I, _____, hereby certify

that my dog(s): _____
is (are) in good health and have not been ill with any communicable condition in the last 30 days.
I further certify that my dog(s) have not harmed or displayed aggressive or threatening behavior
towards any person or any other dog. I have read and understand the following:

1. I am solely responsible for any harm caused by my dog(s) while my dog(s) is/are attending D.Tails Dog Play School.
2. I further understand and agree that in admitting my dog(s) to D.Tails, LLC, the D.Tails staff has relied on my representation that my dog(s) is/are in good health and have not harmed or displayed aggressive or threatening behavior towards any person or any other dog.
3. I further understand and agree that D.Tails, LLC Dog Play School and their staff and volunteers will not be liable for any problems that develop, provided reasonable care and precautions are followed, and I hereby release them of any liability of any kind whatsoever arising from my dog(s) attendance and participation at D.Tails, LLC.
4. I further understand and agree that any problems that develop with my dog(s) will be treated as deemed best by staff and volunteers of D.Tails at their sole discretion, and that I assume full financial responsibility for any and all expenses involved.

I certify that I have read and understand the policies of D.Tails, LLC as set forth on the preceding pages and that I have read and understand the conditions, and statements of agreement, including the following:

FEES: Fees for passes include CT sales tax. The passes do not expire. The larger number of days purchased on a pass, the more money you save. Half days are mornings only.

DAYS AND HOURS: Monday through Friday from 6:30am to 6:00pm. Dogs will be dropped off no later than 10:00am. D.Tails, LLC is not an overnight facility. Staff go off duty at 6:00pm and there is a \$1.00 per minute charge for any pet left after 6:00pm.

RESERVATIONS: Required. Cancellations with less than 24 hours notice will be charged full fees.

Dated: _____

Signature of Owner: _____

D.Tails, LLC
Pet Personality Profile

General Information

Owner's Last Name: _____

Pet's Name: _____

How did you hear about D.Tails? _____

Dog's Name: _____ Date you acquired your dog: _____

Dog's breed, sex, and age: _____

Is your dog spayed/neutered? _____ If so, at what age was this done? _____

Where did you get your dog? _____

If adopted, do you have any knowledge of your dog's history? List any pertinent information:

Training

Has your dog ever had formal obedience training? _____ If yes, when and where?

What commands does your dog know? _____

What skills does your dog have already that you would like to improve upon? _____

Is there anything new that we can help teach your dog? _____

Please add any other information that will help us understand and meet your dog's needs:

Health and Grooming

Does your dog have a problem with fleas? _____ Allergies? _____

Does your dog have hip dysplasia? _____ If yes, please list restrictions placed on your dogs activities and movements: _____

List any medications your dog takes on a regular basis: _____

Does your dog like to be brushed? _____

How does your dog react to have his/her nails clipped? _____

Does your dog have any sensitive areas on his/her body? _____

Where are your dog's favorite petting spots? _____

Behavior

Does your dog like children? _____ How does your dog behave around children? List any pertinent information:

Are there other animals in your household? If so, please list type, sex, and age of each:

How does your dog get along with the other animals in your household?
List any pertinent information:

Does your dog act afraid of any specific items or noises? If so, please explain:

How does your dog react to strangers coming into your home or yard?

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

Are there any kinds of people your dog automatically fears or dislikes (ie, people with uniforms or hats)? _____

Are there any kinds of dogs your dog automatically fears or dislikes? _____

How does your dog react to puppies and small dogs? _____

Has your dog ever:

Growled at someone? _____ Explain the circumstances: _____

Bitten someone? _____ Explain the circumstances: _____

Please explain any problems your dog(s) has/have in the following areas:

Being Crated: _____ Housetraining: _____

Barking: _____ Mouthiness: _____

Jumping: _____ Running away from you: _____

Other: _____

Has your dog ever growled or snapped at anyone who has taken food or toys away from him/her? _____ Explain the circumstances: _____

Does your dog share food/toys with other animals? _____ Play with other dogs? _____
What toys and/or games do your dog(s) enjoy? _____

D.Tails,LLC

Owner's Last Name: _____

Pet's Name: _____

FOR OFFICE USE ONLY

Enrollment Form ____ Enrollment fee ____ Shots ____ Staff Screened ____

Computer Entry ____ Bin Made ____ Folder made ____ First Day _____

EMERGENCY CONTACT INFORMATION

Owner Information

Name: _____

Address: _____

Email: _____ Cell Phone: _____

Home Phone: _____ Work Phone: _____

Emergency Contact

Name: _____

Home Phone: _____ Work Phone: _____ Occupation: _____

Cell Phone: _____

Pet Information

Name: _____ Breed: _____ Sex: _____

Birthdate: _____ Weight: _____

Medications: (Please list name and purpose for each medication your pet takes)

Veterinarian

Name: _____

Address: _____

Phone: _____