



223 W. Jackson Avenue  
Vinton, VA 24179  
540-345-3647  
[www.fieldofdreamsk9.com](http://www.fieldofdreamsk9.com)  
[foddoggieds@gmail.com](mailto:foddoggieds@gmail.com)

**DAY SCHOOL PRICES**

Buy ½ day visit: \$15  
Buy 1 visit: \$25  
Buy 10 visits: \$200  
Buy 20 visits: \$360

*\*Needs to be used within 3 months of purchase date. Excludes special holidays.*

**DAY SCHOOL APPLICATION**

Client Information:

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Number: \_\_\_\_\_ Work Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

E-Mail Address (added to our mailing list): \_\_\_\_\_

Referred By: \_\_\_\_\_

**Dog Information:**

Dog's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Spay/Neuter: Yes \_\_\_\_\_ No \_\_\_\_\_

Shot Dates: Rabies\*: \_\_\_\_\_ DHLPP: \_\_\_\_\_ Kennel Cough: \_\_\_\_\_

\*Rabies Certificate must be on file

Veterinarian/Clinic: \_\_\_\_\_

Does your dog take medication or have a medical condition? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please describe: \_\_\_\_\_



Name(s) of people authorized to pick up your dog: \_\_\_\_\_  
\_\_\_\_\_

Emergency Contact person (other than yourself or your Veterinarian):

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

Is your dog used to being in a crate or kennel: Yes \_\_\_\_\_ No \_\_\_\_\_ Somewhat \_\_\_\_\_

Is your dog house trained? Yes \_\_\_\_\_ No \_\_\_\_\_ Somewhat \_\_\_\_\_

Does your dog jump fences over 5 feet? Yes \_\_\_\_\_ No \_\_\_\_\_ Somewhat \_\_\_\_\_

Does your dog get along with other dogs? Yes \_\_\_\_\_ No \_\_\_\_\_ Somewhat \_\_\_\_\_

Does your dog have food allergies? Yes \_\_\_\_\_ No \_\_\_\_\_ Don't Know \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Has your dog ever shown aggression toward a person or another dog? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Are you currently enrolled in a training class? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, where and what class? \_\_\_\_\_

How did you hear about Field of Dreams Doggie Day School? Brochure \_\_\_\_\_ Vet \_\_\_\_\_

Internet \_\_\_\_\_ Advertisement \_\_\_\_\_ Other \_\_\_\_\_

I want to bring my dog to Day School for: Play and socialization \_\_\_\_\_ Exercise \_\_\_\_\_ Training \_\_\_\_\_

Behavior Problem \_\_\_\_\_, Please explain: \_\_\_\_\_  
\_\_\_\_\_

#### NO SHOW POLICY – PLEASE READ AND INITIAL

Notification of reservation cancellation by 7:00 AM of the day of reservation is required. Please call 540-345-3647 and leave a message to cancel. If we do not receive notification of cancellation, there is a no show fee of \$20.00.

\_\_\_\_\_ By initialing, I acknowledge that I have read and understand the NO SHOW policy.

#### LATE FEE POLICY - PLEASE READ AND INITIAL

Our hours are from 7:00 am – 7:00 pm M-F. There will be a late pick up charge of \$1.00/min for any pick-ups after 7:00 p.m.

\_\_\_\_\_ By initialing, I acknowledge that I have read and understand the late pick up fee policy.

In accordance with the Virginia Comprehensive Animal Laws, we are required to provide you with the following notice each time your dog stays with us at the day school. In lieu of giving you a copy of this notice each time you come in, please read the following and sign the bottom indicating that you are aware of the information listed below.

NOTICE

THE BOARDING OF ANIMALS IS SUBJECT TO ARTICLE 3.1 (3-1-796.83:1 ET SEQ.) OF CHAPTER 27.4 OF TITLE 3.1 IF YOUR ANIMAL BECOMES ILL OR INJURED WHILE IN THE CUSTODY OF THE BOARDING ESTABLISHMENT, THE BOARDING ESTABLISHMENT SHALL PROVIDE THE ANIMAL WITH EMERGENCY VETERINARY TREATMENT FOR THE ILLNESS OR INJURY.

THE CONSUMER SHALL BEAR THE REASONABLE AND NECESSARY COSTS OF EMERGENCY VETERINARY TREATMENT FOR ANY ILLNESS OR INJURY OCCURRING WHILE THE ANIMAL IS IN THE CUSTODY OF THE BOARDING ESTABLISHMENT. THE BOARDING ESTABLISHMENT SHALL BEAR THE EXPENSES OF VETERINARY TREATMENT FOR ANY INJURY THE ANIMAL SUSTAINS WHILE AT THE BOARDING ESTABLISHMENT IF THE INJURY RESULTS FROM THE ESTABLISHMENT'S FAILURE, WHETHER ACCIDENTAL OR INTENTIONAL, TO PROVIDE CARE REQUIRED BY 3.1-796.68; HOWEVER, BOARDING ESTABLISHMENTS SHALL NOT BE REQUIRED TO THE COST OF VETERINARY TREATMENT FOR INJURIES RESULTING FROM THE ANIMALS' SELF-MUTILATION.

I UNDERSTAND THAT PARTICIATION IN DOGGIE DAY SCHOOL AT FIELD OF DREAMS IS NOT WITHOUT SOME RISK, THAT DESPITE ALL THE DOGS APPEARING HEALTHY AND BEING HANDLED WITH THE GREATEST AMOUNT OF CARE AND FORESIGHT, DOGS ARE NOT ALWAYS PREDICTABLE AND THE UNEXPECTED MAY OCCUR. I HEREBY WAIVE AND RELEASE FIELD OF DREAMS DOGGIE DAY SCHOOL, ITS EMPLOYEES, OWNERS AND AGENTS FROM ANY AND ALL CLAIMS, WHILE ON THE GROUNDS OR THE SURROUNDING AREA THERETO AND RESULTING FROM PARTICIPATION IN FIELD OF DREAMS DOGGIE DAY SCHOOL, INCLUDING SPECIFICALLY, BUT WITHOUT LIMITATION, ANY INJURY OR DAMAGE RESULTING FROM THE ACTION OF ANY DOG, INCLUDING MY OWN. I FURTHER AGREE TO PAY ANY VETERINARY/MEDICAL EXPENSES INCURRED AS A RESULT OF INJURY CAUSED BY MY DOG(S). I GIVE FIELD OF DREAMS DOGGIE DAY SCHOOL PERMISSION TO SEEK VETERINARY CARE AT THE VETERINARIAN OF THEIR CHOICE IF THEY DEEM IT NECESSARY FOR THE DOG(S) AT MY EXPENSE, HOWEVER I WILL NOT HOLD FIELD OF DREAMS DOGGIE DAY SCHOOL RESPONSIBLE IF THEY FAIL TO SEEK VETERINARY CARE.

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