



223 W. Jackson Avenue
Vinton, VA 24179
540-345-3647
www.fieldofdreamsk9.com
foddoggieds@gmail.com

DAY SCHOOL PRICES

Buy ½ day visit: \$18
Buy 1 visit: \$25
Buy 10 visits: \$225
Buy 20 visits: \$400

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: _____