



Field of Dreams

Doggie Day School

Phone: (540) 345-3647

223 W. Jackson Avenue
Vinton, VA 24179 540-345-3647

www.fieldofdreamsk9.com
foddoggieds@gmail.com

DAY SCHOOL PRICES

½ day visit: \$20
1 visit: \$30
10 visits: \$275
20 visits: \$475

DAY SCHOOL APPLICATION

Client Information:

Name: _____

Address: _____

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: _____



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

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

Name: _____

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 ___

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: _____