



Basic Health Information

Does your dog have any allergies?

Yes No

Describe:

Does your dog have any special medical problems?

Yes No

Describe:

Does your dog take any daily medications?

Yes No

Describe:

Is your dog sensitive to any foods?

Yes No

Describe:

May we feed treats to your dog?

Yes No

Does your dog have any orthopedic concerns?

Yes No

Describe:



Your Dog's Profile

How long have you owned your dog?

How did you come to own this dog?

Please describe your dog's history.

How would you describe your dog's personality?

Is your dog more dominant or more submissive?



Social Skills

If your dog has ever growled at, bitten or snipped at a person or another animal, please describe the incident(s).

If visitors bring dogs to your home, how does your dog respond?

How does your dog spend the day when not enrolled at The Crate Escape, Inc.?

Please list other pets in your household. How does your dog respond to other dogs while on a walk?

Does your dog get along with children?

Does your dog get along with familiar dogs?

Does your dog attend dog parks?

Does your dog get along with unfamiliar dogs?

Does your dog have any particular fears? If so, what are they?

Is your dog “thunder storm sensitive?”

Is your dog an “escape artist?” (i.e. fences)

Has your dog ever had any obedience training? If so, please describe.

If so, what is the name of the trainer or training facility?

Please provide any additional information that you think might help us get to know your dog better.



Grooming:

Does your dog like to be brushed? ___ Yes ___ No Please explain: _____

Are there any sensitive skin areas? ___ Yes ___ No Please explain: _____

Does your dog tolerate nail trimming? ___ Yes ___ No Please explain: _____

Does your dog tolerate ear & teeth cleaning? ___ Yes ___ No Please explain: _____

Is your dog "paw sensitive?" (i.e. wet or muddy feet) ___ Yes ___ No Please explain: _____



I give permission to The Crate Escape, Inc. to acquire and use images of my dog in print, on film, videotape, the Internet or any other medium for broadcast, publishing, sales, advertising or any other purpose. I understand that the image(s) become the sole property of The Crate Escape, Inc.

I represent that I have the right to enter into this agreement with The Crate Escape, Inc. and that use of the image will not violate the rights of any third party.

I further understand that I may download images from The Crate Escape Inc. website for personal use only and may not publish them elsewhere on the Internet or sell the image or a product that uses the image.

Print Name: _____

Dog's Name: _____

Signature: _____

Address: _____

Telephone Number: _____

Please initial: _____

THE CRATE ESCAPE RATES, POLICIES & PROCEDURES

Hours of Operation:

- Monday through Friday 7:00 AM to 6:00 PM
- Dogs must arrive between **7:00 AM and 9:30 AM only**. Pick up is no later than 6:00 PM.
- Late pickup fee: \$10 for each 15 minute increment
- Full or half day rates apply for appointments missed without 24 hour minimum notice

Daily Escape Rates & Fees:

- Escape Rates For Daycare (Effective 01/02/2008)
- Full-Day Pre-Paid Packages (Pre-paid packages are non-refundable)
- For guests who will visit twice per week or more:
 - 20 days - \$480
 - 10 days - \$270
 - 8 days - \$220

For guests who plan to visit once per week or less:

- 4 days - \$124

Half Days: (5 hours. Pre-Paid Packages are non-refundable)

For guests who plan to visit *twice per week* or more:

- 8 half days - \$168
- 4 half days - \$88

For guests who plan to visit *once per week* or less:

- 4 half days - \$100

Pre-Enrollment/ Socialization Assessment

- Half day session - \$25 (non-refundable)
- Full day session - \$30 (non-refundable)

Policies:

- Dogs over 6 months of age must be spayed or neutered.
- Your dog will be evaluated on its ability to play well with staff and other dogs.
- Your dog will be enrolled upon submission of the Enrollment Package and a signed Veterinary Health Form. Forms must be submitted prior to assessment date.
- Your dog(s) must wear a (non-choke) collar and all applicable tags including a name tag.
- If you would like us to feed your dog, bring food in a labeled and sealed plastic bag.
- Your dog's vaccinations must be up-to-date.
- Your dog(s) must be on a flea/tick control and heartworm preventative.
- Dogs must be kept leashed during drop off and pick up (non-retractable leash required).
- Please don't bring your dog to daycare if he or she is sick or infested with fleas or ticks. You will be asked to pick up your dog if he or she becomes sick during the day.
- We reserve the right to refuse daycare service to dogs who disrupt the daycare through aggressive or uncontrollable behavior.

I understand and agree to these policies: _____ Date: _____

THE CRATE ESCAPE, INC. VETERINARY HEALTH & CERTIFICATION FORM

This section to be completed by pet Owner:

Dog Owner Name: _____

Street Address: _____

City, State, Zip: _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

Dog Name: _____ **Breed:** _____

Color: _____ **Gender:** ___ Male ___ Female

Veterinary Organization: _____ **Phone:** _____

Veterinary Name: _____

Address: _____

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This section to be completed by Veterinarian, or supply Veterinary copy.

VACCINATION & LAB TEST HISTORY	MOST RECENT VACCINATION DATE	
Rabies	___/___/___	Expires: ___/___/___
Bordetella	___/___/___	Expires: ___/___/___
DHLPP or equivalent	___/___/___	Expires: ___/___/___
Fecal:		___ Positive ___ Negative
Heartworm:		___ Positive ___ Negative
Most recent Heartworm prevention medication administration date:	___/___/___	

Has treatment been administered for the following:

Internal parasites? ___ No ___ Yes Treatment type and date: _____

Fleas? ___ No ___ Yes Treatment type and date: _____

Other communicable diseases? ___ No ___ Yes Treatment type and date: _____

Other Pertinent Health Information: _____

I certify that I have treated the animal named above, that I am a veterinarian licensed by the state of Illinois and attest that the information above is true and correct.

Name of Veterinarian (Print) Signature Date

Veterinary Clinic Name Phone Number IL License Number

The Crate Escape, Inc. Dog Daycare Agreement

Agreement made this ____th day of _____, 20__ by and between The Crate Escape, Inc. and _____, the owner(s) of the dog(s) named _____.

1. OWNER REPRESENTATIONS: Owner represents that said dog(s) is in all respects healthy and has received all required and customary immunizations, is receiving a form of flea/tick and heartworm control and does not suffer from any illness, disability or condition which could affect the dog or the safety of other dogs at The Crate Escape, Inc. Owner also represents that the dog is well-socialized, not protective of toys or space and neither aggressive or pathologically passive.

2. ACKNOWLEDGEMENT OF RISKS AND RESPONSIBILITIES: I, the undersigned, recognize that there is an inherent risk of injury or illness in any environment associated with cageless dog daycare. I also recognize that such risks include, without limitation, injuries or illness from fights, rough play, contagious diseases and/or unwanted pregnancies. Knowing these inherent risks and dangers, I warrant that I will abide by all safety rules and instructions. I agree by this contract to assume full responsibility and hold The Crate Escape, Inc., its agents or employees harmless for said dog's injury, death or damage as the result of any incident including my or other's negligence, except to the extent that the damage or injury may be due to willful misconduct of The Crate Escape, Inc. I further agree to hold The Crate Escape, Inc., harmless and indemnify it against all damage costs, fees and business losses resulting from any claim I make or cause to be made against The Crate Escape, Inc., for which it, its agents or employees are not ultimately held to be legally responsible.

3. OWNER LIABILITY: I, the undersigned, expressly agree to be held responsible for any damage or cost incurred by my dog(s), including but not limited to any injury inflicted upon another dog as a result of a fight, rough play or bullying.

4. LIMITATIONS ON CAGELESS DOG DAYCARE: I, the undersigned, understand that if my dog displays repeated aggressive behavior, that for the safety and health of my dog(s) and others, my dog will be confined to a kennel for the remainder of that visit with no offset or deduction in price. I understand that if my dog continues to display undesirable behaviors, my dog(s) may be asked to leave The Crate Escape, Inc. permanently.

5. EMERGENCY TREATMENT: In case my dog needs medical attention, I, the undersigned, give permission for the transport of my dog by The Crate Escape, Inc. to a veterinary clinic. I give permission for urgent emergency treatment if necessary at my expense. I understand that The Crate Escape, Inc. will make every effort to contact me at the phone number(s) I have provided.

I REPRESENT THAT I HAVE MADE FULL DISCLOSURE AND HAVE READ, UNDERSTAND AND ACCEPT THE TERMS AND CONDITIONS STATED IN THIS AGREEMENT, AND ACKNOWLEDGE THAT THIS AGREEMENT SHALL BE EFFECTIVE AND BINDING UPON PARTIES.

Signature of Owner

Print Name