



1616 N Washtenaw Ave
Chicago, IL 60647
www.caninecrews.com
phone 773.235.1616
fax 773.409.5527
info@caninecrews.com

APPLICATION

OWNER INFORMATION

How did you find us? _____

First Name: _____ Last Name: _____

Home Address: _____ Unit/Apt: _____

City, State, ZIP: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Employer _____

Web Access User Name: _____ Password: _____

Spouse/Partner:

Name _____ Email: _____

Work Phone: _____ Cell Phone: _____

Credit Card:

Master Card

VISA

This information will be held in the strictest confidence and used only with your approval to pay for products and/or services at Canine Crews

Card Number: _____ Expires: (mm/yyyy) _____

Billing Address (if different than above): _____ CV2 Number _____

Authorization Signature: _____

Emergency Contact (other than you or spouse/partner – we would contact you first, of course)

Name: _____ Relationship: _____

Phone Number(s): _____ Email: _____

Other People Authorized To Pick Up My Dog(s):

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____



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DOG INFORMATION

Name: _____ Gender: Female Male
Breed: _____ Color/Markings: _____
Weight: _____ Birthday/Adoption Date: ____/____/____
Spayed/Neutered? Yes No If no, surgery is scheduled for: _____

My Dog's Brother or Sister (if applicable):

Name: _____ Gender: Female Male
Breed: _____ Color/Markings: _____
Weight: _____ Birthday/Adoption Date: ____/____/____
Spayed/Neutered? Yes No If no, surgery is scheduled for: _____

Veterinary Information:

Primary Clinic: _____ Doctor: _____
Address: _____ City, State, ZIP: _____
Phone Number: _____ Website: _____

Other Important Information:

My dog(s) has a pre-existing physical/medical condition (i.e. injuries, scars, sensitive stomach): Yes No

(If yes, please explain) _____

My dog is on medication: Yes No Name: _____

Condition/Reason: _____ Dosage (amount and frequency): _____

Special Notes/Instructions: _____

Is your dog allowed treats? _____ Any allergies? _____

Is your dog crate trained? _____



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DOG BEHAVIOR INFORMATION

My dog(s) attended obedience training: Yes No If yes, where? _____

Has your dog(s) been in a fight? Yes No If yes, when? _____

Was medical attention required for either dog? Yes No If yes, what kind of treatment and where? _____

How often does your dog interact with other dogs? (dog parks, play dates, daycare, daily walks) _____

Has your dog ever bitten a human? Yes No If yes, what kind of treatment? _____

Do your dog(s) guard food or objects? _____

What brand/kind of food do you feed your dog(s)? _____

In which services are you interested?

- Daycare
- Boarding
- Training
- Bark Park
- Pet sitting / dog walking

I understand that before my dog(s) can play or board at Canine Crews, the following requirements must be met:

- My dog must pass a **temperament test** to ensure s/he is not aggressive toward people or other dogs.
- My dog's complete **veterinary inoculation records** must be furnished to Canine Crews including rabies, Distemper Combo(DHLPP), bordatella and a negative fecal exam for parasites.
- I must sign liability waiver.
- My dog must be **spayed or neutered** unless younger than 6 months of age.
- My dog must wear a **snap collar with ID** securely attached at all times while at Canine Crews.

Signature

Date



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LIABILITY WAIVER

Dog Name(s) (Please print) _____

Owner Names(s) (Please print) _____

Client Agreement and Release of Liability

I hereby release Canine Crews, its agents, officers, sub-contractors, employees, animal owners, customers, and potential customers of Canine Crews from any and all liabilities, financial, and otherwise, for injuries to myself, my dog, or any other property of mine, which arise in any way from services and/or products provided by or as a consequence of my association with Canine Crews.

I agree to assume all liabilities and responsibilities, financial and otherwise, for the behavior and health of my dog. In consideration of the services rendered by Canine Crews, I waive any and all claims, actions, or demands of any nature, foreseen or unforeseen, that I may have against Canine Crews relating to the care, control, health, and/or safety of my dog arising during pick-up, transport, drop-off, and stay at the facilities.

I authorize Canine Crews to do whatever they deem necessary for the safety, health, and well-being of my dog while under the care of Canine Crews, including seeking professional veterinary treatment for my dog.

Due to the many outstanding benefits of dog socialization and Canine Crews' commitment to the safety and well-being of my dog, I agree that the benefits of dog socialization outweigh the risks. Furthermore, I request a socialized environment for my dog while under the care of Canine Crews.

I understand that Canine Crews has the right to refuse service to me and/or my dog at any time for any reason. I understand that if my dog has a history of or repeatedly demonstrates aggression or biting of humans or animals, Canine Crews reserves the right to refuse service. I understand that all bites will be reported to the local authorities, as required by law.

I hereby declare to Canine Crews that I am the legal owner of my dog; that my dog has not been exposed to distemper, rabies, or parvovirus within the past thirty (30) days, that my dog has been inoculated as indicated by records presented.

I understand that videos and pictures will be taken of my dog(s) and used for marketing purposes.

Payment Requirements

Payments are due at the end of the day. I understand that the hours of operation at Canine Crews are 7 a.m.-7 p.m. Monday-Friday and 8 a.m.-6 p.m. Saturday and 5 p.m.-7 p.m. on Sunday. A \$5/hour late fee applies to be paid in cash upon arrival. If I have not picked up my dog by 1(one) hour after posted closing time, Canine Crews will board my dog overnight at my expense. Should this take place, I authorize in advance that Canine Crews will automatically charge my credit card a \$15 late fee, and a \$40 boarding fee, totaling \$55.

If I purchase a half-day service and fail to pick up my dog after six (6) hours, I will be charged the full-day fee of \$25. If I fail to pick up my dog by 7 p.m., I understand that a late fee and boarding fee will be assessed at the rates listed above.

I authorize Canine Crews to charge my credit card for any outstanding balance on my account. I understand that I will be charged a \$25 handling fee for returned checks.

By signing below, I acknowledge that I have read this Daycare & Boarding Agreement in its entirety and agree to the terms. This agreement shall be binding for a period of ten (10) years from the date of signature below.

CLIENT SIGNATURE

DATE