



Fur Get Me Not

Daycare 🏠 Boarding

Daycare & Boarding Registration Packet

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Welcome

4140 S. Four Mile Run Dr, Arlington, VA 22206 703.933.1935

1722 Florida Ave, Washington DC 20009 202.319.7387

Welcome to Fur-Get Me Not

We are extremely pleased that you have chosen to use our facility for your dog's daycare and boarding needs. We are confident that you will find our services one-of-a-kind.

To schedule the initial evaluation, please call or fill out an [online request](#). There is a one-time non-refundable registration fee that is due when you book your appointment. Evaluations are conducted:

- Weekdays at 9:00am and 4pm
- Weekends at 10am and 3pm

Please arrive to your evaluation on time. Initial evaluations are scheduled at specific times of the day in order to maintain a structured day for the dogs and ensure they have time for all their scheduled activities. If you are running late, please give the office a courtesy call so that we can either hold your spot or reschedule for another time. If you are more than 15 minutes late, we will need to reschedule.

Enclosed is your Registration Packet for daycare and boarding services. **Please print a copy of this packet and complete all forms BEFORE your scheduled evaluation.** At the evaluation, a member of our staff will review the materials with you and answer any questions you may have.

This Registration Packet contains:

- Service Agreement – please sign and date
- Client Information Form – please fill out in its entirety
- Daycare Application – please fill out a separate form for each dog that will be attending daycare
- Emergency Contact & Vet Authorization Form – please sign and date
- Credit Card Authorization Form – this form is optional for credit card processing

In addition, **please provide a copy of your dog's most current vaccination records.** Vaccinations should include rabies, bordetella, and parvo/distemper vaccinations. You can contact your vet's office and ask that they fax (703-933-1938) or email (rsvp@furgetmenot.com) this information to us prior to your evaluation appointment.

We want to ensure your evaluation goes smoothly and that your experience with Fur-Get Me Not is a positive one. The day of your evaluation, the evaluator will provide you with additional materials about our policies, procedures, tips and advice on dog behavior and more information about our other services.

Julie Jacobus, Daycare Manager, M-F mornings
Jennifer Rosalsky, Daycare Manager, M-F evenings
Dave Wilbur, Daycare Manager, Weekends
daycareManager@furgetmenot.com
703-229-4961

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This DOG DAYCARE & BOARDING AGREEMENT (Agreement”) is made this ____ day of _____, 20____, by and between Fur-Get Me Not Pet Care, LLC (“FGMN”) and _____ (hereinafter known as “Pet Owner”). WHEREAS, FGMN wishes to provide dog daycare and/or boarding services and Pet Owner wishes to accept such service on the terms and under the conditions recited below; The Parties, intending to be legally bound, hereby agree as follows:

1. Prices for Services are detailed in our Services & Pricing Guide. Prices are subject to change. Payment for all services is required in advance. Cash, check, and credit card payments are accepted.
2. FGMN reserves the right to not accept a dog into daycare or boarding for any reason. All rules of the center are subject to change at the sole discretion of FGMN.
3. FGMN agrees to provide a cageless, off-leash environment for your dog to exercise and socialize with other dogs and our staff during daycare hours. FGMN boarding services are not cageless; dogs are kenneled and left unattended overnight.
4. In the event that your dog becomes ill while in the care of FGMN we will attempt to contact you. If you are not available, we will attempt to contact your veterinarian. At the discretion of FGMN, your dog may be taken to an Emergency Veterinary Clinic, or a veterinarian of FGMN’s choice. It is understood that all expenses incurred due to your dog’s illness or accident are the sole responsibility of the Pet Owner. Any expenses due FGMN are to be paid in full at the time that you pick your dog up from FGMN. We will not bill you or accept partial payment. In addition, we will charge our current pet taxi rates for the visit to the vet. Pet Owner authorizes FGMN and its representatives to obtain medical treatment for the dog, in the event of an illness or accident.
5. Pet Owner agrees to hold FGMN, its members, owners, directors, officers, agents, employees and lessor of the premises, harmless from any and all claims for loss or injury (including legal fees) which may be alleged to have been caused directly or indirectly to any person or thing by the act of the dog, and Pet Owner personally assumes all responsibility and liability for any such claim. Pet Owner further agrees to hold aforementioned parties harmless from any claim (including legal fees) for loss of the pet by disappearance, theft, death or otherwise, and from any claim or damage or injury to the dog whether such loss, disappearance, theft, damage or injury be caused or alleged to be caused by the negligence of FGMN or any of the parties aforementioned. Pet Owner assumes sole responsibility for and agrees to indemnify and save the aforementioned parties harmless from any and all loss and expense (including legal fees) by reason of liability imposed by law upon any of the aforementioned parties for damage because of bodily injuries, including death at any time resulting wherefrom, or sustained by any person or persons, including Pet Owner, howsoever such injuries, death or damage to property may be caused, and whether or not the same may have been caused or alleged to have been caused by the negligence of the aforementioned parties or any of their employees, agents, trainers or any other persons
6. Pet Owner certifies that he/she is the actual owner of the dog, or is the duly authorized agent of the actual owner whose name is entered above.
7. Pet Owner represents that the pet is free of any infectious disease and is vaccinated for DHPP (Distemper, Hepatitis, Parainfluenza, Parvo), Bordatella, and Rabies. Pet Owner represents the pet is also free of contagious parasitic problems, whether internal or external (including fleas & ticks), and is free of any contagious skin disorder.
8. Pet owner is aware that the FGMN center is a cageless daycare facility by day and caged kennel by night, and is aware that there is inherent risk of illness and injury when dealing with animals.
9. This Agreement sets forth the entire agreement between the Parties with regard to the subject matter hereof. This agreement may be modified, superseded, or voided only upon the written and signed agreement of all the Parties.
10. Resolution of Disputes. Any controversy or claim arising out of or related to this Agreement shall be settled by arbitration administered by the American Arbitration Association. Judgment upon the award rendered by the arbitrator may be entered in any court having jurisdictions thereof. The proceedings on such arbitration shall be held in the District of Columbia unless the parties otherwise agree. The laws of the Commonwealth of Virginia shall apply to the dispute. The prevailing party shall be entitled to an award of attorneys’ fees and costs. Pet owner’s damages, if any, shall be limited to the monetary value of said pet.
11. Pet Owner represents that the information in the attached Dog Daycare application and/or Boarding In-Take Form is true and that FGMN is reasonable to rely on the accuracy of said information.

I have read and understand the terms set forth above. I agree to abide by all the terms, conditions and statements of this FGMN DOG DAYCARE & BOARDING AGREEMENT.

Signature: _____ Print Name: _____ Date: _____



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It is important that you provide all of the information below so that we have the correct contact information on file. Please note, Fur-Get Me Not uses email to send invoices and confirmation of reservations or cancellations. Please be sure to provide a valid email address. If any of the information below changes, please contact our office so we may update your records.

Primary Owner

First Name _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Please circle the phone number that is best to reach you during business hours:

Home Phone _____ Work Phone _____

Cell Phone _____

Email _____

Secondary Owner (authorized to schedule service & make decisions regarding the care of your pet)

First Name _____ Last Name _____

Home Phone _____ Work Phone _____

Cell Phone _____

Email _____



Pet Information

Dog's Name _____ Breed _____ M / F Birthday _____ Spay/Neuter _____

How did you hear about us? _____

Are you primarily seeking daycare or boarding? (Circle One or Both)

Do you administer monthly flea and tick preventative? Y / N Monthly heartworm preventative? Y / N

Is your dog 10 pounds or less? Y / N Is your dog 12 weeks or older? Y / N

Does your dog have any allergies that you are aware of? (if so please list) _____

Does your dog like children? Y / N / unsure Strangers? Y / N / unsure Puppies? Y / N / unsure

Does your dog play with toys? Y / N If yes, what favorite toys? _____

Does your dog shred toys, pull out stuffing, or destroy beds? Y / N

Has your dog had any formal obedience training? Y / N When and where? _____

What else would you like to tell us about your dog? _____

Additional Information

1. How often has your dog interacted with other dogs? (dog parks, other daycares, family and friends dogs)

_____ If so how does your dog behave with other dogs? _____

2. Has your dog ever growled or snapped at anyone for taking his/her food or toys away? Y / N

3. Has your dog ever shared food or toys with other animals? Y / N

4. Is your dog afraid of anything such as loud noises, thunderstorms, men? _____

5. Are there any other triggers we should know about? _____

6. Has your dog ever bitten or broken skin of any person or dog, attacked a small animal (bird, squirrel, cat, etc.), or do they have a record with the city government or animal control of a vicious dog attack. Y / N

If your answer is yes, please explain:

7. Is your dog a rescue? Y / N Is there any background knowledge you can share with us? _____

8. Is your dog familiar with any commands? Y/N If yes, please let us know which ones _____



Emergency Contact Information

Your emergency contact should be someone local and someone that, in the event of emergency, has access to your home.

Emergency Contact Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

Vet Information and Release Form

Vet Clinic _____

Address _____ City _____ State _____ Zip _____

Phone _____

I understand that in the event of an emergency, Fur-Get Me Not will make every attempt to contact me. In the event that I cannot be reached, I authorize the following:

In the event of illness or injury, I authorize Fur-Get Me Not to seek appropriate medical treatment for my pet. I understand that every effort will be made to take my pet to the vet clinic specified on the emergency form if the situation permits however; Fur-Get Me Not has the authority to seek treatment at any veterinary clinic.

Furthermore, I agree to reimburse Fur-Get Me Not within 14 days of incident for veterinary fees and all related costs including transportation in any amount up to \$_____ (please specify dollar amount per pet. Common amounts are \$200, \$1000, or unlimited).

This release does not expire and will remain valid for all future Fur-Get Me Not services.

Client Signature _____ Date _____

Printed Name _____



Credit Card Authorization
(optional)

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I authorize Fur-Get Me Not to automatically charge the credit card, listed below, as payment for invoices for any and all future Fur-Get Me Not services. I understand that Fur-Get Me Not will provide me with an invoice either by US Mail or email disclosing the amount of charges.

Client Information

Name (as it appears on the card) _____

Billing Address _____ City _____ State _____ Zip _____

Contact Number _____ work / cell / home (please circle)

Email Address _____

Credit Card Information

Account Number _____

Expiration Date _____

VCode _____ (3 digit code on back of card)

Visa / MasterCard / Discover (please circle)

**Note we do not take American Express*

I understand that this information will be retained on file for any future invoice charges. If you would like to change your credit card information, you will need to submit a new form to our office.

Client Signature _____ Date _____

Printed Name _____

Please return with your registration packet or FAX to 703-933-1938.

Questions? Email our accounting department at billing@furgetmeot.com