

# Shoal Creek Animal Hospital

## The Lodge at Shoal Creek

8850 N. Flintlock Kansas City, MO 64157

816-476-4046

[www.shoalcreekanimalhospital.com](http://www.shoalcreekanimalhospital.com)

shoalcreekanimalhospital@yahoo.com

Dear Dog Owner:

Thank you for your interest in the daycare program at the Lodge at Shoal Creek.

In daycare, your dog will constantly interact with both dogs and people. He or she will be placed in playgroups that are best suited to his or her personality and temperament. Our daycare areas are indoor play areas providing exercise and entertainment while building social skills. Good behavior is reinforced and encouraged. All participants over six months are required to be spayed or neutered.

To enroll your pet in daycare, you will need to complete the following:

Fill out the attached application

Provide current vaccination history from your veterinarian including rabies, distemper, giardia, bordetella, fecal and heartworm test.

Schedule an appointment with our staff for a pre-enrollment screening.

(a ten to fifteen minute session with our staff and interaction time in daycare)

Have a negative giardia test.

Our daycare facility is open Monday through Friday from 7:00a until 6:00p and Saturdays from 7:00 am until 12:00 pm. Overnight boarding is also available. You may call our office at 816-476-4048 for more information or email us at shoalcreekanimalhospital@yahoo.com.

We look forward to having your pet in our play group.

Sincerely,

Ralph Sutton  
Lodge Administrator

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### Daycare Requirements

Our guidelines are set forth to ensure the health and safety of all daycare participants.

- All dogs over 6 months must be spayed or neutered
- All dogs must be current on vaccinations. Owners must have proof from their veterinarian that rabies, distemper, bordetella, giardia, fecal and heartworm test are current to our standard protocol.
- All dogs must be free of fleas and ticks. If external parasites are found, the dog will be isolated for the remainder of the day and treated at the owners expense.
- All dogs must be in good health. Owners certify that their dog(s) are in good health and have not been ill with a communicable condition for the last 30 days. Upon admission, all dogs must be free of any condition that could potentially jeopardize other guests, including fleas and ticks. Dogs that have been ill with a communicable condition in the last 30 days will require veterinarian certification of health to be admitted or readmitted to daycare.
- All dogs must be non aggressive toward food and toys. Owners must certify that their dogs have not harmed or shown aggression toward any person or dog.
- All new daycare attendees must test negative for giardia. If tested positive, they must be treated and retested.

The safety and health of our participants is our primary concern.

Thank you,

Ralph Sutton  
Lodge Administrator

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## Daycare Application

Owners Name: \_\_\_\_\_

Dogs Name: \_\_\_\_\_

Color: \_\_\_\_\_ Breed: \_\_\_\_\_

Distinguishing Markings: \_\_\_\_\_

Sex: Male Female Age: \_\_\_\_\_ Weight: \_\_\_\_\_

If your dog was adopted from a shelter, do you have knowledge of his/her history? Yes No

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there other animals in your household? Yes No

How does your pet interact with the other pets in your household? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your pet ever attended another daycare facility? Yes No

If yes, name of the facility: \_\_\_\_\_

When did he or she last attend? \_\_\_\_\_

What method do you use for flea and tick prevention? \_\_\_\_\_

What method do you use for heartworm prevention? \_\_\_\_\_

Who is your regular veterinarian? \_\_\_\_\_

Phone Number: \_\_\_\_\_

Has your pet been diagnosed with hip dysplasia? Yes No

If yes, what are his/her restrictions? \_\_\_\_\_  
\_\_\_\_\_

Are there any health issues we should be aware of?

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Is your pet currently taking any medications? Yes No

If yes, please list  
medications: \_\_\_\_\_

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Does your dog have any sensitive areas on his/her body? Yes No

If yes, please  
explain: \_\_\_\_\_

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Is your dog afraid of anything in particular such as loud noises or thunder? Yes No

If yes, please  
explain: \_\_\_\_\_

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How does your dog react to strangers in your yard or  
home? \_\_\_\_\_

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Does your dog bark or growl at other dogs or people when they are passing by your yard or home? Yes No

Has your dog ever bitten anyone? Yes No

If yes, what were the  
circumstances: \_\_\_\_\_

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When did the incident occur? \_\_\_\_\_

Does your dog have problems in any of the following areas?

House Training	Yes	No
Escaping	Yes	No
Eating Foreign Objects	Yes	No
Barking	Yes	No
Digging	Yes	No
Jumping	Yes	No
Growling	Yes	No
Nipping	Yes	No

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your dog ever growled or snapped at a person, child, food or toys? Yes No

If yes, please  
explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any comments or concerns not addressed above you have regarding your  
pet: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

## Owners Daycare Agreement

Shoal Creek Animal Hospital and the Lodge at Shoal Creek Animal Hospital agree to exercise due diligence and reasonable care and to keep the premises sanitary and properly enclosed. Shoal Creek is dedicated to providing a safe and fun environment for you, and we will take reasonable and necessary precautions to ensure the security of our guests – both human and canine.

I understand and agree that in admitting my dog(s) to Shoal Creek, that the staff has relied on my representation that my pet is in good health and has not harmed or shown aggressive or threatening behavior towards any person or dog. I am responsible for informing the staff of any changes before my pet attends daycare. I understand that all animals over the age of 6 months must be spayed or neutered.

I understand that I am responsible for any harm caused by my dog(s) while he/she is attending daycare. Shoal Creek assumes no liability for loss or damage from disease, sickness, death, running away, theft, fire, injury to persons, other pets or property by your dogs(s) or other unavoidable causes, due diligence and care having been exercised. I hereby release Shoal Creek of any liability and I further agree to indemnify and save them harmless against any and all claims arising from my pet's attendance and participation at Shoal Creek, including but not limited to, all costs, attorneys fees, expenses and liabilities in connection therewith.

I further understand and agree that any problems which develop with my dog(s) will be treated as deemed best by the Dr.'s at Shoal Creek, at their sole discretion, and **I will assume full financial responsibility for any and all expenses involved.** I further understand that with my signature, I am stating that all required vaccination and testing are up to date. Shoal Creek reserves the right to deny entry or remove from the premise any pet at their discretion. This owner agreement shall be deemed continuing so as to require you to immediately notify Shoal Creek if there is any change in the information disclosed in the Owners Daycare Agreement or application forms subsequent to the time such agreement and applications were first executed.

I understand that the daycare area has a web cam installed and is accessible on the Internet at [www.shoalcreekanimalhospital.com](http://www.shoalcreekanimalhospital.com).

I certify that I have read and understand the policies of Shoal Creek as set forth on the preceding pages and that I have read and understand the conditions and statements of this agreement.

**Notice:** There is an inherent risk of a fight, resulting in possible injury or death to your dog when there is a commingling of dogs from different backgrounds, with different temperaments and owned by different individuals. There is an inherent risk of disease transmission, resulting in possible injury or death to your dog when there is a commingling of dogs from different backgrounds with different medical and treatment histories and owned by different individuals.

Date: \_\_\_\_\_ Signature of Owner: \_\_\_\_\_

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## New Client Information

### CLIENT INFORMATION

Name: \_\_\_\_\_ Spouse Name: \_\_\_\_\_

Home Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Spouse Date of Birth: \_\_\_\_\_

Drivers Lic. Or SSN: \_\_\_\_\_ Drivers Lic. Or SSN: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

In case of emergency and you or your spouse are not available, who may we contact? \_\_\_\_\_ Phone: \_\_\_\_\_

How did you become aware of our clinic? Hospital sign Yellow Pages Vet Locator  
Website Friend/Family Other, Please specify: \_\_\_\_\_

### PET INFORMATION

Pet's name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Sex: Male Female

Spayed or Neutered? \_\_\_\_\_

#### Second Pet

Pet's name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Sex: Male Female

Spayed or Neutered? \_\_\_\_\_

#### Third Pet

Pet's name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Sex: Male Female

Spayed or Neutered? \_\_\_\_\_

Name of previous/current vet? \_\_\_\_\_ Phone: \_\_\_\_\_

### ALL FEES ARE DUE AT THE TIME OF SERVICE.

I hereby authorize the veterinarian to examine, prescribe for or treat the above-described pet(s). I understand that all animals must be current on vaccinations for boarding, grooming and hospital procedures. I assume all responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid for at the time of release and that a deposit may be required for surgical treatment.

Signature of owner: \_\_\_\_\_ Date: \_\_\_\_\_