



## Aardvarks Adventureland

783 Walnut Ave, Bldg. 533, Mare Island CA, 94592 | (707) 557-5184 | aardvarksdtc@gmail.com

Dear Dog Parent:

Thank you for your inquiry about our 24-hour dog daycare at Aardvark's. Aardvarks offers 24 hour/ 7 days a week dog care. Whether you need daycare or our overnight care, we are committed to providing a safe, healthy, fun, and stimulating social environment for your dog.

At Aardvark's your dog will not be confined to a kennel run. Dogs are divided into play groups based on size, temperament, and play style. Your dog will enjoy supervised playtime with other dogs and our qualified staff. There is a one-time non-refundable Application Processing Fee of \$15.00 for each application. (This fee will be waived for current Aardvark's clients.) This is due on the evaluation day.

To enroll, simply fill out the forms and return them along with proof of vaccinations and a \$15.00 payment via check, cash, money order, or credit card. You may enroll through mail, email, or if you prefer, drop off your application in person.

Once we have your application, proof of vaccinations, and application fee; we will review your paperwork and call to schedule your dog's first day at Daycare. During their first visit your dog will be slowly introduced to the daycare setting. They will be evaluated for temperament and behavior in a group setting. Please note that all evaluations are by appointment only Tuesday through Friday and no later than 8am.

Once the dog passes their "evaluation" they are welcome to board and/or attend daycare here at Aardvarks.

If you have any questions, feel free to contact us at (707) 557-5184. You can also stop by our location during business hours. Business hours are everyday 6am to 7pm.

**To ensure the safety and health of your pet and our other guests, we require all dogs, and their humans, to comply with the following rules and regulations:**

- AGE:** Generally, dogs must be at least 16 weeks of age or older.
- ALTERED:** All dogs 7 months or older must be spayed or neutered.
- VACCINATIONS:** All dogs must have up-to-date vaccinations. Owners must submit written proof of Rabies, DHLPP and Bordetella vaccinations. We highly recommend the Canine Flu virus vaccine as well.
- HEALTH:** All dogs must be in good health. Owners will certify their dogs are in good health and have not been ill with a communicable condition in the last 30 days. Upon admission, all dogs must be free from any condition which could potentially jeopardize our other guests. Dogs that have been ill with a communicable condition in the last 30 days will require veterinarian certification of health to be admitted.
- BEHAVIOR:** Dogs must not be aggressive. Owners will certify their dog(s) has/have not harmed or shown any aggressive or threatening behavior towards any person or any other dog(s). Please remember, your dog will be spending time with other dogs and the safety and health of all animals is our main concern.
- BREED RESTRICTIONS:** Unfortunately, some dogs do not do well in the daycare setting due to their play style. However, we treat every dog as an individual. Traditionally mature Bully Breeds do not do well in this type of setting.
- APPLICATION:** All dogs must have a complete, up-to-date and approved application on file. There is a one-time \$15.00 non-refundable application screening fee.



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## Aardvarks Pricing

- All services must be by scheduled appointments ONLY and paid at pick up.
- All passes are non-refundable and expire one year from purchase.

SERVICES	HOURS	PRICING
<b>Full Day Daycare</b>	6:00 AM – 7:00 PM	\$40.00
		5-Day Pass \$180.00 (\$36.00 per day)
		10-Day Pass \$350.00 (\$35.00 per day)
		20-Day Pass \$680.00 (\$34.00 per day)
<b>Half Day Daycare</b>	6:00 AM – 11:30 AM	\$25.00
<b>Solo Dog Daycare</b> <i>Dogs that are unable to participate in group playtime.</i>	Same as Above	Add \$15.00 daily surcharge to all package pricing
<b>Multi-Dog Family Plan</b> <i>Dogs must live in the same household.</i>	Same as Above	10% Discount
<b>Boarding</b>	Standard boarding includes daycare.	\$65.00
<b>Solo Dog Boarding</b> <i>Dogs that are unable to participate in group playtime.</i>	Same as boarding	\$80.00
<b>Holiday Rates</b>	Applies to daycare and boarding on Thanksgiving, Christmas, New Years Eve, and 4 <sup>th</sup> of July.	\$10.00 daily surcharge
<b>Late Pick Ups</b>	7:00 PM – 11:00 PM	\$3.00 per hour
<b>Cancellations</b>	Less than 24-hour notice	\$20.00
<b>No Show</b>	For daycare reservation	\$20.00

## Boarding FAQ's

- Boarding pricing is inclusive of the day of daycare and the overnight, like a hotel stay. Check in anytime during the day, before 5PM. We highly recommend bringing your dog early in the day so your dog can enjoy the playtime and get settled in. Check out the next day by 10:30AM. For check-outs after 10:30 AM there will be a full daycare charge added for the next day.
- We require a credit card on file to book all boarding reservations.
- Boarding stays beyond one week will be billed weekly to the credit card on file.
- Boarding cancellations: For non-holiday reservations you may cancel your reservation with 24-hour notice. Boarding cancellations that occur on the check-in date will result in a one-night charge per guest to the credit card on file.
- Boarding during peak Holiday dates require a 50% holiday deposit at time of booking. For holiday boarding cancellations we require 72-hour notice or the deposit will not be refunded.
- Daycare package/passes can only be used for daycare, not boarding.
- Solo Care:  
Our "Solo" care program is for dogs who are unable to join our various playgroups. Solo dogs will enjoy one-on-one time and individualized care with an Aardvarks team member throughout their stay (for boarding and daycare). Solo (Single) dogs boarding is priced at \$80.00.



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## Enrollment Application

### Owner Information

First Name		Last Name	
Street Address			
City		State	Zip Code
Home Phone		Cell Phone	
Email Address			

### Spouse/Partner Information

First Name		Last Name	
Street Address			
City		State	Zip Code
Home Phone		Cell Phone	
Email Address			

### Local Emergency

First Name		Last Name	
Street Address			
City		State	Zip Code
Home Phone		Cell Phone	
Email Address			

### Others Authorized for Pick-Up

First Name		Last Name	
Home Phone		Cell Phone	
First Name		Last Name	
Home Phone		Cell Phone	

### Veterinary Information

Primary Clinic		Doctor Name	
Street Address			
City		State	Zip Code
Phone Number		Email Address	



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## Pet Personality Profile

We love dogs and want your dog to love coming to our off-leash facility. No one knows your dog better than you, so we'd appreciate you taking the time to answer the following questions to the best of your knowledge. The more we know about the dogs in our care, the better our playgroups will be. *Please submit one application for each dog that you would like to enroll to our facility.*

Pet Information		
<b>Dog's Name</b>	<b>Sex</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Weight</b>
<b>Breed</b> (If a mix, list two predominant breeds.)		<b>Color</b>
<b>Dog's Birthday</b>	<b>Age</b>	<b>How long have you owned your dog?</b>
<b>Date of Spay/Neuter?</b> (All dogs 7 mon. or older MUST be spayed/neutered.)		
<b>Where did you get your dog?</b> <input type="checkbox"/> Breeder <input type="checkbox"/> Pet Store <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Animal Shelter <input type="checkbox"/> Friend <input type="checkbox"/> Craigslist <input type="checkbox"/> Found as stray <input type="checkbox"/> Animal Rescue Group <input type="checkbox"/> Other:		
<b>Provide details of your dog's diet:</b> Type (kibble, canned, raw/natural): Schedule: Amount: Any additional details we need to know:		
<b>On what type of surface does your dog generally go to the bathroom?</b> (grass, mulch, pee pads, etc.)		
<b>Does your dog have any bathroom related issues or concerns?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, explain):		
<b>How often do you brush or comb your dog's coat?</b>	<b>Does your dog like to be brushed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, what have you tried to make it more enjoyable)	
<b>How does your dog react to having their nails trimmed?</b>	<b>Does your dog have any sensitive areas on their body?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, where)	
<b>Where are your dog's favorite petting spots?</b>		
<b>How frequently is your dog walked outside?</b>	<b>How long are the walks?</b>	
<b>Select which best represents your dog's overall routine and level of exercise:</b> <input type="checkbox"/> Couch Potato – Spends days sleeping, occasional walks and/or playtime with humans or other dogs <input type="checkbox"/> Mild Exerciser – Short daily walks and/or regular playtime with humans or other dogs. <input type="checkbox"/> Moderate Exerciser – Long or multiple walks daily and/or regular playtime with humans or dogs. <input type="checkbox"/> Athlete – Regular jogs/runs and/or regular participation in a dog sport activity such as agility, flyball, frisbee, etc.		



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## Household Information

### List any other dogs in your household

Breed	Age	Sex		Spayed / Neutered	
		<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Yes	<input type="checkbox"/> No

#### Do you have cats?

- No  
 Yes (if yes, how many cats do you have):

#### How does your dog get along with your cats?

#### How does your dog react to unfamiliar cats while on a walk?

#### Does your dog like children?

- Yes     No

#### How does your dog behave around children?

## Health Information

### Describe your dog's flea / tick control and prevention program:

#### Does your dog have any allergies?

- No  
 Yes (if yes, provide details):

#### Does your dog have any disabilities?

- No  
 Yes (if yes, provide explain disability and cause):

#### Are there any restrictions that need to be placed on your dog's activities or movements because of the disability?

- No  
 Yes
- No running                       No jumping  
 No hard play                       No contact with other dogs  
 Other (explain):

#### Does your dog have any medical conditions?

- No  
 Yes (if yes, explain):

#### Is medication used to control this condition?

- No  
 Yes (provide name, dosage, and how often administered):

## Behavioral Information

### Why are you considering our off-leash dog play program for your dog? (check all that apply)

- Socialization  
 Play with other dogs  
 Boarding  
 So not home alone:     Exhibits symptoms of separation anxiety  
 Exercise:                       Primary source of exercise                       Additional source of exercise  
 Recommended by pet professional (trainer, vet, etc.) Reason:  
 Other:

### Select which of the following best describes the level of socialization with other dogs:

- None – No knowledge of other dog interaction  
 Minimal – On leash encounters only  
 Moderate – Some off-leash playtime on occasion with visitor's / neighbor's / friend's dog(s)  
 Extensive – Regular visits to dog social events, off-leash dog park, dog daycare, etc.



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## Behavioral Information Continued

**Has your dog had any problems previously in an off-leash social environment?**

- No
- Yes (if yes, check all that apply)
  - Altercation or fight at a public dog park
  - Altercation or fight with a neighbor or friend's dog
  - Fearful reaction in a group of dogs
  - Dismissed from a prior daycare or social play group
  - Other (describe):

**If your dog was dismissed from a prior program, what reason were you given as to why they were dismissed?**

Check each statement below that applies to the situation that resulted in your dog's dismissal.

- |   |  |
|---|--|
| <input type="checkbox"/> My dog was injured, NO medical treatment required      | <input type="checkbox"/> My dog was injured, medical treatment required      |
| <input type="checkbox"/> Another dog was injured, NO medical treatment required | <input type="checkbox"/> Another dog was injured, medical treatment required |
| <input type="checkbox"/> A person was injured, NO medical treatment required    | <input type="checkbox"/> A person was injured, medical treatment required    |

Provide any other comments you would like us to know about the situation:

**Do any visitors bring their dog(s) to your house?**

- No
- Yes (if yes, how do they get along):

**How does your dog react to a stranger coming into your home or yard?**

**Does your dog ever bark or growl at anyone passing outside your home or yard?**

- No
- Yes (if yes, explain):

**Are there any types and/or breeds of dogs your dog seems to automatically fear or dislike?**

- No
- Yes (if yes, explain):

**How does your dog react to puppies?**

**How does your dog react to another dog approaching them in a park, at the beach, or on a walk?**

**On a leash?**

**Does your dog play with other dogs?**

- No
- Yes (if yes, which types)
  - Male and Female
  - Only Male
  - Only Female

**Describe the size, breed, and temperament of the dogs:**

**What kinds of games does your dog play with other dogs?**

**What kinds of games does your dog play with people?**

**Has your dog ever shared their food or toys with other animals?**

- Yes
- No

**Describe your dog's reaction to another dog approaching their food or toys:**



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## Behavioral Information Continued

**Which commands does your dog know?** (check all that apply)

- |                               |                                   |                                 |                                    |  |
|-------------------------------|-----------------------------------|---------------------------------|------------------------------------|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Sit      | <input type="checkbox"/> Stay   | <input type="checkbox"/> Down      | <input type="checkbox"/> Come                |
| <input type="checkbox"/> Heel | <input type="checkbox"/> Rollover | <input type="checkbox"/> Kisses | <input type="checkbox"/> High Five | <input type="checkbox"/> Other (list below): |

**Does your dog know any tricks?**

- No
- Yes (if yes, describe)

**How did your dog get their obedience training?** (check all that apply)

- No training
- Attended one group class
- Attended more than one level of group classes (beginner and intermediate, etc.)
- Dog was sent to a board and train program
- Private sessions in home
- Other (explain):

**Which of the following best describes the use of obedience cues with your dog at home?**

- |   |   |
|---|---|
| <input type="checkbox"/> Key part of daily communication              | <input type="checkbox"/> Used when we go on walks or have people over |
| <input type="checkbox"/> Used occasionally to better control behavior | <input type="checkbox"/> Rarely used                                  |

**What kind of collar/harness do you use to walk your dog?**

- |   |  |
|---|--|
| <input type="checkbox"/> Collar – Buckle            | <input type="checkbox"/> Collar – Head Halter Harness (leash clips in back)  |
| <input type="checkbox"/> Collar – Prong/Pinch       | <input type="checkbox"/> Collar – Head Halter Harness (leash clips in front) |
| <input type="checkbox"/> Collar – Nylon/Chain Choke | <input type="checkbox"/> Other (explain):                                    |

**Is it effective keeping them under control?**

- Yes       No

**Has your dog ever gotten away from someone when out for a walk?**

- No
- Yes (if yes, explain circumstances):

**Where does your dog sleep?**

- Inside the house       Outside the house       Inside / Outside – Varies

**If inside the house, in which room does your dog sleep?**

**Where in the room does your dog sleep?**

- Crate       Owner's Bed       Dog cushion/bed on floor
- Other (describe):

**What does your dog do to show they are happy?**

**What does your dog do to show they are upset?**

**Is your dog allowed on the furniture at home?**

- Yes       No

**To the best of your knowledge what does your dog do when you're not at home?**

**Are there any particular types of people your dog seems to automatically fear or dislike?**



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### Behavioral Information Continued

**Does your dog have any problems in the following area?** (Check all that apply and provide details)

- Mouthing:
- House Training:
- Barking:
- Digging:
- Ignoring Commands:
- Recall / Coming on Command:
- Crating:
- Other:

**Has your dog ever growled at someone?**

- No
- Yes (if yes, explain circumstances below and how you responded)

**Has your dog ever bitten a person?**

- No
- Yes (if yes, explain circumstances below, how you responded, and what injuries if any)

**Has your dog ever bitten another animal?**

- No
- Yes (if yes, explain circumstances below, how you responded, and what injuries if any)

**Has your dog ever climbed / jumped a fence?**

- No
- Yes (if yes, explain circumstances below and what was the height of the fence)

**Has your dog ever escaped from your house or yard?**

- No
- Yes (if yes, explain circumstances below)

**Has your dog ever chased or tried to chase a small animal?**

- No
- Yes (if yes, explain circumstances below)

**Has your dog ever chased or tried to chase someone on a skateboard or bicycle?**

- No
- Yes (if yes, explain circumstances below)

**Is your dog frightened by thunderstorms and/or fireworks?**

- No
- Yes

If yes, describe the typical behavior and what specifically helps to relax your dog:

Are there any other loud noises that your dog seems to be immediately frightened by?

Is your dog frightened or nervous around anything else?

- No
- Yes (if yes, explain):

**Does your dog play with toys?**

- No
- Yes (If yes, what kind of toys does your dog like):

Are there any toys your dog is not allowed to have or play with?

**Has your dog ever growled or snapped at a person who has taken food or toys away from them?**

- No
- Yes (if yes, explain circumstances below and how you responded)





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## Behavioral Information Continued

**Has your dog ever growled or snapped at another dog who has taken food or toys away from them?**

- No  Yes (if yes, explain circumstances below and how you responded)

**Have you ever noticed your dog stopping and staring at another animal?**

- No  Yes (if yes, explain circumstances below)

## Additional Information

**How did you hear about Aardvarks? (Check all that apply and specify in the appropriate boxes.)**

- Monthly Grapevine  Dog Park  Times Herald  
 Aardvarks Client or Friend:  
 Veterinary Office:  
 Pet Sitter:  
 Other:

**Other comments or information about your dog you feel might be helpful?**

Thank you for the time you spent completing the application. Please complete the Health Certification and Liability Waiver on the following page. We look forward to meeting you and your dog on evaluation day. Contact us if you have any questions on the next steps of the evaluation process.

If available, please attach a picture of your dog to this application.



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### Health Certification and Liability Waiver

I, \_\_\_\_\_ certify that my dog \_\_\_\_\_ is in good health and has/have not been ill with any communicable condition in the last 30 days. I also certify that my dog(s) has/have not harmed or shown aggressive or threatening behavior towards any person or any other dog.

1. I understand that I am solely responsible for any harm/damage to property, people, or other dogs caused by my dog(s) while my dog(s) is/are attending Aardvarks Adventureland.
2. I understand and agree that in admitting my dog(s) to the Center, Aardvarks staff have relied on my representation that my dog(s) is/are in good health and has/have not harmed or shown aggressive or threatening behavior towards any person or any other dog.
3. I understand and agree that Aardvarks Adventureland and staff will not be liable for any problems that develop, provided reasonable care is given and precautions are followed, and I hereby release them of any liability related to my dog's attendance and participation at Aardvarks Adventureland.
4. I understand and agree that dogs can sometimes receive minor cuts and scratches at daycare and any problems that develop with my dog(s) will be treated as deemed best by the staff of Aardvarks Adventureland, at their discretion, and that I will assume full financial responsibility for any expenses involved.
5. I give permission for Aardvarks Adventureland to use photo reproduction of my pet(s) in their advertisements, (example: brochures, flyers, website).

I have read, understand, and agree to the above.

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

\_\_\_\_\_  
Date