



Running Paws Athletic Club

1105 1st Avenue
New York, NY 10021
Phone: 212-317-1222
Fax: 480-247-4196

Thank you for your interest in Running Paws Athletic Club! We've prepared this checklist of our requirements to help you complete your pup's enrollment.

- Client Enrollment form (attached) must be signed and completed
- Proof of vaccination for Bordetella, Distemper/Parvo and Rabies. Canine Influenza (H3N8) vaccination (not required but highly recommended, please discuss with your veterinarian)**
 - Many clients have their vet fax these records directly to us. Our fax number is: (480)247-4196.
 - Please confirm we've received all records prior to your first day
 - *Note: NYS law requires dogs in day care facilities to have bordetella vaccination current within 6 months.*
- Temperament testing
 - Each dog must have a temperament test done, with owner present. Although testing typically takes 10 minutes, please allow 30 minutes
- Quick Release Cloth collar for your dog
 - We do not allow metal choke or prong collars into the run
 - Harnesses are typically chewed and ruined
- Schedule a first day appointment
 - Appointments are available from 7am – 8:30 am M-F, between 12:30 – 1:30 pm Saturday, and between 10:30 – 12:30 on Sunday.
 - **Please note: For safety and to ease integration we do not allow owners to watch their dogs enter the pack for the first few visits.**

Other notes:

- **We only accept Visa, Mastercard and Discover cards** as forms of payment
- If you are enrolling your dog for 24 hour care:
 - please bring enough food for its stay
 - make sure we have contact information for you while you are away and/or an emergency contact
 - please do not bring items such as; beds, toys, treats
- Daycare guests: please note that we do not feed dogs over 5 months

If you need any further assistance please give us a call at (212) 317.1222 or send us an email at club@runningpaws.com and we'll get right back to you!



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 New York, NY 10021
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OWNER INFORMATION

NAME (LAST NAME, FIRST NAME)		
STREET ADDRESS, APARTMENT #		
CITY, STATE AND ZIP		
HOME NUMBER	WORK NUMBER	MOBILE NUMBER
EMAIL ADDRESS (PRIMARY)		COMMUNICATION PREFERENCE (EMAIL OR PHONE)

SPOUSE/PARTNER NAME (LAST NAME, FIRST NAME)	
WORK NUMBER	MOBILE NUMBER
EMAIL ADDRESS (PRIMARY)	COMMUNICATION PREFERENCE (EMAIL OR PHONE)

EMERGENCY CONTACTS/ AUTHORIZATION FOR PICK-UP

EMERGENCY CONTACT NAME / RELATIONSHIP TO OWNER	TELEPHONE NUMBER

HAVE YOU BEEN A RUNNING PAWS CLIENT BEFORE?					
HOW DID YOU HEAR ABOUT US?					
Google	Citysearch	Yahoo	Bing	Yellowpages	MSN
Walked by	Other internet _____		Referral _____		

DOG INFORMATION

NAME	BREED(S)	
GENDER	WEIGHT	SPAYED/NEUTERED
DATE OF BIRTH	COLOR/MARKINGS	

HEALTH PROFILE

VETERINARIAN	VETERINARIAN TELEPHONE												
VETERINARIAN ADDRESS													
DATE OF SPAYING/NEUTERING													
<p>VACCINATION INFORMATION</p> <p><input type="checkbox"/> Proof of vaccinations from your veterinarian are required for all dogs. Please confirm we have received these records at least three days prior to your dog's first day at the club.</p>													
<p>PLEASE CHECK ANY THAT APPLY:</p> <p><input type="checkbox"/> MY DOG HAS A HEART CONDITION</p> <p><input type="checkbox"/> MY DOG HAS HAD SEIZURES/IS EPELEPTIC</p> <p><input type="checkbox"/> MY DOG IS DIEBETIC</p> <p><input type="checkbox"/> MY DOG IS ARTHRITIC</p> <p><input type="checkbox"/> MY DOG HAS A THYROID CONDITION</p> <p><input type="checkbox"/> IS BLIND OR DEAF</p>													
<p>ANY ADDITIONAL PAST ILLNESSES OR HEALTH CONCERNS (INCLUDING SURGERIES)</p> <table style="width:100%; border:none;"> <tr> <td style="border:none;">_____</td> <td style="border:none;">_____</td> </tr> <tr> <td style="border:none;">ILNNESS/SURGERY</td> <td style="border:none;">DATE</td> </tr> <tr> <td style="border:none;">_____</td> <td style="border:none;">_____</td> </tr> <tr> <td style="border:none;">ILNNESS/SURGERY</td> <td style="border:none;">DATE</td> </tr> <tr> <td style="border:none;">_____</td> <td style="border:none;">_____</td> </tr> <tr> <td style="border:none;">ILNNESS/SURGERY</td> <td style="border:none;">DATE</td> </tr> </table>		_____	_____	ILNNESS/SURGERY	DATE	_____	_____	ILNNESS/SURGERY	DATE	_____	_____	ILNNESS/SURGERY	DATE
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<p>PLEASE LIST ANY AND ALL WARNING SIGNS THAT MAY INDICATE YOUR DOG IS IN DISTRESS DUE TO ANY MEDICAL CONDITION</p> <p>_____</p> <p>_____</p> <p>_____</p>													
<p>ANY KNOWN ALLERGIES?</p>													

MEDICATION ADMINISTRATION INSTRUCTIONS

	Name of Medication	Dosage	Time of Day	PLEASE PROVIDE US WITH INSTRUCTIONS AND PERTINENT INFORMATION:
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

FEEDING INSTRUCTIONS

Dogs in 24 Hour care are fed in the morning and evening at no cost according to your instructions, please provide food.

While we discourage feeding dogs over the age of 5 months during All Day Play, we will provide a mid- day feeding for an additional cost.

WET FOOD BRAND _____

DRY FOOD BRAND _____

	WET AMOUNT	DRY AMOUNT	ANY ADDITIONAL FEEDING INSTRUCTIONS:
AFTERNOON-Puppies ONLY*			

*Puppies under 5 months are eligible for a mid-day feeding by request. Older dogs that desire a mid-day feeding will incur a \$10 charge per feeding.

Print Name

Signature

Date

Running Paws Athletic Club Credit Card Authorization Form

Name on card:		
Billing Address:		
Zip Code:	Phone	Email (Optional)
Card Type:	MasterCard	Visa Discover
Card #:	Exp Date	CCV (Required)

Please carefully read the following and initial where noted.

- 1) I have read and agree to the terms outlined in the Client Service Agreement.
Initial _____

Signature _____ Date _____

Please complete this Credit Card Authorization Form and submit with the Client Enrollment Package and Client Service Agreement.



RUNNING PAWS ATHLETIC CLUB

Client Service Agreement

HEALTH /BEHAVIOR

- I understand that RPAC reserves the right to refuse training, services, or use of the facility for dogs who, in its sole determination, are unhealthy, act aggressively, are undisciplined, or who may be otherwise a danger to themselves or other animal users.
- If my dog is aggressive while staying at RPAC for overnight care, RPAC reserves the right to kennel my dog for the duration of his/her stay for the safety of other dogs and humans.
- If my dog is placed in a kennel due to aggressive behavior while in 24 Hour Care, I acknowledge RPAC's policy requiring a minimum of 3 relief walks per day, at \$10 a walk.
- To use the facilities my dog must be spayed or neutered if it is older than eight months of age.
- Proof of current vaccinations must be on file for Distemper, Parvo, Rabies and Bordetella. **Please note, NYS law requires dogs who visit daycare facilities to have Bordetella re-administered every 6 months.**
- I have received pet health insurance information from RPAC and I have or will obtain pet health insurance for my dog prior to him/her using any RPAC services.

INITIAL REQUIRED

- Any records of medicines administered to my dog, feedings, or incident reports will be saved in RPAC's database for a 14 day period. RPAC will furnish copies of any of these reports upon request.
- I acknowledge that I take responsibility for, and will not hold RPAC liable for, any injury, illness or ailment which my dog may incur while in the presence of other dogs at the facility or otherwise.

INJURIES

- I assume all expense or liability for injuries that my dog may inflict upon any human or other pet while in the care of RPAC.
- #### INITIAL REQUIRED
- I also agree that RPAC shall not be responsible, monetarily or otherwise, for injuries which may arise in the course of play, training, grooming, or which may be caused by the presence of other dogs.
 - I shall hold RPAC and its employees harmless from, make no claim against and indemnify RPAC and its employees against any costs, damages, claims, or expenses (including vet fees) that may result from an injury or illness to my dog, or to another dog, if caused by my dog. I understand if presented with medical bills I am responsible for paying, I am responsible for initial vet visit costs and additional follow-up costs associated with the particular injury
 - If injuries occur between dogs from a mutual fight with no obvious aggressor, that require emergency medical attention, the sum of all medical bills will be split 50/50 between the owners.
 - If an injury occurs during rough play that is deemed no-fault, the two parties involved are responsible for splitting the sum of the medical costs

VETERINARY CARE

- If my dog becomes ill or if the state of my dog's health otherwise requires professional attention, RPAC, in its sole discretion may engage the services of a veterinarian, administer medicine, or give requisite attention to my dog.
- I give my consent to RPAC to act on my behalf in obtaining emergency or any other care at my own expense if deemed necessary by RPAC or any of its staff.

PAYMENTS/CREDIT CARDS

- Payments for scheduled services are NON-REFUNDABLE and must be used by expiration date provided
- I authorize the Running Paws Athletic Club to maintain my credit card information on file and charge for purchases and services either at the time a reservation is made, a package is purchased, or my dog is checked into RPAC for service.
- I also authorize RPAC to use my credit card to charge me for any late fees or additional fees resulting from my dog's stay with RPAC at the conclusion of rendered services, walk fees due to aggressive behavior during 24 Hour Care, emergency medical care fees (see below), and costs related to injuries to other pets by my dog.
- I agree to pay the rate for All Day Play, 24 Hour Care, grooming, training and all other services provided by RPAC prior to being scheduled.
- I acknowledge and agree that RPAC will decline services to me and my dog if my credit card is declined for service charges, pre-billed reservations, or if I have any unpaid balance resulting from services rendered.
- All additional or emergency charges that are incurred while at RPAC shall be payable upon pickup of my dog, or when billed by the Running Paws Athletic Club at 1105 First Avenue, New York, NY 10021.
- RPAC shall have, and is hereby granted, a lien on my dog for any and all unpaid charges resulting from any of the services provided by RPAC.
- If I leave my dog in RPAC's care without payment for 14 days or more. I understand my dog shall be considered abandoned and I transfer ownership of my dog and all rights to RPAC.
- Due to safety and staffing purposes, RPAC reserves the right to charge a late fee for pick-ups from All Day Play or 24 Hour Care after 7:15pm (Monday- Friday) and 5:30pm on the weekends.

LIABILITIES

- I specifically represent that I am the sole owner of my dog, free and clear of all liens and encumbrances.
- This contract contains the entire agreement between the parties. All terms and conditions of this contract shall be binding on their spouses, heirs, administrators, personal representative, and assignees of me and the Running Paws Athletic Club.
- Any controversy or claim arising out of or relating to this contract, or breach thereof, or as a result of any claim or controversy involving the alleged negligence by any party to this contract, shall be settled by arbitration in accordance with the rules of the American Arbitration Court having jurisdiction thereof. The arbitrator shall, as a part of his/her award, determine an award to the prevailing party of the costs of such arbitration and reasonable attorney's fees of the prevailing party.
- By signing this contract and leaving my dog with RPAC, I certify the accuracy of all the information I have provided to RPAC relating to my dog.

PROMOTIONAL USE

- I grant Running Paws Dog Fitness, Inc. permission to use pictures taken of my dog(s) for business related activities. I understand that this use may include advertising and marketing campaigns, website images, and other uses for promoting the services of Running Paws.

By signing below, I acknowledge that I have read and accept the terms and conditions stated above.

Print Name Signature Date

Running Paws Use Only

Authorized By _____ Date _____

Help us provide you with the best possible service

We are constantly looking for ways to improve our service. Thank you for taking the time to fill out this new client evaluation form. Please rate the following factors that help you choose Running Paws as your dog care provider.

2) Running Paws proximity to my home
1 2 3 4 5
Not important Some what important Very Important

3) Cost/value of service
1 2 3 4 5
Not important Some what important Very Important

4) Cageless overnight Boarding
1 2 3 4 5
Not important Some what important Very Important

5) Transportation to and from the daycare
1 2 3 4 5
Not important Some what important Very Important

What services are you interested in using? (Please Circle all that apply)

Daycare Boarding Grooming Dog Running Training Dog Walking

Are there any other services you would like Running Paws to provide?

Running Paws, Inc.
1105 1st Avenue, NY, NY 10021,
(212) 317.1222
club@runningpaws.com



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Pet Health Insurance

Dogs play with their mouths (teeth) and paws (sharp nails). It's not uncommon for a dog to leave our facility with some scratches or nicks as this is a result of normal active play.

If your dog gets cut or scratched during play we will point these out to you at pickup. Although, we do our best to notice all nicks we occasionally miss some so please, check your dog over after leaving the facility. Thicker coats and wire coats can hide nicks and should be checked more carefully.

For your convenience we have provided you several options for pet health insurance as some nicks and cuts occasionally require medical attention.

- 1) The AKC Pet Health Care Plan – found at akcpethealthcare.com
 - a. For a large breed dog, the most basic coverage plan costs approximately \$50/ month
- 2) Embrace Pet Insurance- found at embracepetinsurance.com
 - a. For a large breed dog, the most extensive coverage plan costs approximately \$69/ month for a large breed dog
- 3) ASPCA Pet Insurance- found at aspcapetinsurance.com
 - a. For a large breed dog, the most extensive coverage plan costs approximately \$67/ month
- 4) Pets Best Insurance- found at petbesthealth.com
 - a. For a large breed dog, the most extensive coverage plan costs approximately \$67/month

Pet health insurance covers (policies vary, so please be sure to check coverage):

- a. Accidents
- b. Illness
- c. X-rays and certain veterinarian visits
- d. Prescriptions
- e. Hospitalizations

Although proof is not required, Running Paws Athletic Club requires every dog in its care to have current pet health insurance per its Client Service Agreement.

Please retain this information for your records