



Doggerland Dog Daycare

7129 SW 2nd Avenue, Portland Oregon 97219

(503) 752-4268, gaabib@gmail.com

Dog Name		
Age	Sex	Breed and color
License Co. and #		Microchip #

Print OWNER NAME: _____

TELEPHONE: _____ EMAIL: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Veterinarian: _____ Telephone: _____

SERVICE AGREEMENT

I, _____ am applying for dog sitting services from Doggerland PDX DOG DAYCARE LLC (Doggerland) for my dog, _____.

- ☐ I understand that it is the policy of Doggerland to not accept any animal that has not been either spayed or neutered and I affirm my dog has been spayed/neutered.
- ☐ I understand that it is the policy of Doggerland to not accept any animal that has not received all vaccinations required by law and I affirm that my dog has received all vaccinations required by the State of Oregon and Multnomah County and I attach records of those vaccinations to this document.
- ☐ I understand that it is the policy of Doggerland Dog Daycare to not accept any animal that has exhibited potentially aggressive or dangerous behavior such as attacking or biting a person or other animal, or aggressive food or resource guarding and I affirm that my dog does not have a history of dangerous or aggressive behavior.

I request care for my dog on the following schedule between the hours of 7:00AM and 7:00PM, Monday through Friday :

- ☐ Single day drop-in hours from _____ to _____ at the rate of \$15.00 for half a day (or less than 4 hours) and \$30.00 for a full day (between 4 and 9 hours)

Signature

OR

- ☐ Weekly hours at the rate of \$30.00 per day for a full week on the following schedule:

Monday _____ to _____ Tuesday _____ to _____ Wednesday _____ to _____
Thursday _____ to _____ Friday _____ to _____

Signature

- OR ☐ Longer-term full-time weekly hours at a rate of \$150 per week.

Signature

VETERINARIAN NAME and TELEPHONE: _____

Emergency Veterinary Care Authorization

To Whom it May Concern: I, _____ (owner's name), owner of the animal described in this document, named _____, authorize Gaabriel Becket/ dba Doggerland or their employees to make emergency veterinary medical decisions for the animal described below in the event that I cannot be reached. Where applicable, I have also listed guidelines and limitations of care. I accept financial responsibility for the emergency care of the animal(s).

If care is not authorized, I acknowledge that I am refusing authorization to seek emergency care for my animal without my express authorization or in the case that I cannot be reached. I understand that my animal will not be offered veterinary care if I cannot be reached to provide authorization.

- ☐ I authorize emergency veterinary care costs up to \$ _____.
☐ I do not authorize emergency veterinary care without my direct, written consent.
☐ I do not authorize euthanasia without my direct, written consent.

Print name: _____

Signature: _____

Date: _____

Additional Emergency Contact: _____