



North Shore Pet Connection^{LLC}

Special Needs Pet Care and Services

5810 N. Green Bay Ave. Glendale, WI 53209

414.352.8464 • Fax: 414.352.1263

e-mail: nsnpcpets@gmail.com

www.northshorepetconnection.com



NORTH SHORE
doggy DAYCARE
Play. Make friends. Nap. Play.

1980 W. Florist Ave., Glendale, WI 53209

Phone: 414.352.2273 Fax: 414.352.2272

e-mail: nsdillc@gmail.com

www.northshoredoggydaycare.com

Rules & Regulations (page 1 of 2)

The purpose of North Shore Pet Connection, LLC (NSPC) and North Shore Doggy Daycare (NSDD) is to provide a safe, fun and stimulating environment for pets during your weekday business hours or while you are away on vacation or business. To ensure the safety and health of all animals and staff at NSPC, we require all clients to comply with the following rules and regulations:

Sex: North Shore Doggy Daycare (NSDD): All pets must be altered (unless they are under eight months of age).
North Shore Pet Connection (NSPC): Will accept non-altered dogs to play in separate play areas.

Vaccines: All pets must have up-to-date vaccinations. Owners must submit written verification from their Veterinarian that their pets have the current Distemper group, Rabies, and Bordetella. Bordetella must be updated every six months. The Oral Bordetella Vaccine is available at our Facilities, if needed.

Behavior: All pets must be non-aggressive and not toy protective. By admitting their pet to NSDD/NSPC, owners are certifying that their pet(s) have not harmed or shown any aggressive or threatening behavior towards any person or any other pet(s).
Please remember that your pet will be spending time with other pets of similar play style, and personality, and that their safety and health is our main priority. Keep in mind, although such interaction is supervised, it is impossible to predict, prevent, or stop all behaviors. Your pet still may acquire an occasional injury while on the playground. Pets can receive injuries from other pets and objects during play on the playground, as well. Serious or fatal injuries could occur. "Fair fighting" could be bites on muzzle, ears, head and neck. Those are not "I'm going to kill you" bites.

Also keep in mind that, although other services similar to ours encourage constant company with the pets in their care (cage-free), we do not. For the ultimate health and safety of your pet, we ensure your pet receives their own quiet time to sleep and to eat from their own suites. Our experience tells us this is what's best for your pet.

Application: All pets must have a complete, up-to-date and approved application on file.

Collars: All collars must have proper identification. *Quick-release collars only.*
No spiked or chain-linked collars and no retractable leashes please.

Reservations: *Please note: Pick-ups and drop-offs scheduled by appointment only.*
Scheduled and non-scheduled pick-ups and drop-offs outside of regular hours, *will add \$1 for every minute, to your bill. You must call ahead if you are to be late...*

Hours: **North Shore Pet Connection:**
Monday-Friday 8:00am – 10:00am & 4:30pm-6:00pm
Saturday & Sunday: 9:00am- 10:00am & 5:00pm-6:00pm
By appointment only

North Shore Doggy Daycare:
Monday-Thursday 7:00am-6:30pm, Friday 7:00am-6:00pm
Saturday & Sunday: 9:00am-10:00am & 5:00-6:00pm
By appointment only



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Rules & Regulations (page 2 of 2)

Agreement

1. I understand that I am solely responsible for any injury incurred to my pet(s) or any damages caused by my pet(s) while he/she is/are attending NSPC and/or NSDD (WIS STATE. SECTION 174.02).
2. I further understand and agree that in admitting my pet(s) to NSPC or NSDD, they have relied on my representation that my pet(s) have not harmed or shown aggressive or threatening behavior towards any person of any other pet.
3. I further understand and agree that NSPC and/or NSDD and their staff will not be liable for any problems that develop provided reasonable care and precautions are followed, and I hereby release them of any liability of any kind whatsoever arising from any pet(s) attendance and participation at NSPC and/or NSDD.
4. I further understand and agree that any problem that develops with my pet(s) will be treated as deemed best by the staff of NSPC and/or NSDD, in their sole discretions, and that I assume full financial responsibility for any and all expenses involved.
5. I understand and agree to have my pet engage in group play with other boarded pets of compatible energy level, and similar behavior. I understand the risks involved in such play. OPT OUT PROVISION: by initialing here ___ I am advising NSPC/NSDD not to allow my pet to engage in group play and I understand this might limit my pet's playtime while boarded.
6. If a pet is not picked up within 48 hours of the time indicated for pick up when the pet is dropped off, or if there is no verbal telephone agreement, NSPC/NSDD will send written notice to you of the failure to pick up your pet. If following said notice any pet remains at NSPC/NSDD for greater than 21 days without payment of boarding fees, NSPC/NSDD reserves the right to deem the pet abandoned and transfer the pet to an animal shelter or otherwise place the animal. NSPC/NSDD will not be liable for the welfare of said pet following transfer from the NSPC/NSDD boarding facility.

I certify that I have read and understand all the rules and regulations set forth and that I have read and understand this agreement, I agree to abide by the rules and regulations and accept all the terms, conditions, and statements of this agreement.

Name(s) of dog(s) _____

Cat(s) _____

Signature of owner: _____

Date: _____

Facility of care: NSPC NSDD (circle one)

(A copy of this signed form will be kept at NSPC and/or NSDD. A copy shall also be given to the client to keep on file.)



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First Day Checklist

Pet name: _____

General information: How long have you owned your pet? _____

If adopted, do you have any knowledge of your pet's past history? _____

Spayed or neutered? Yes No If so, when? _____

Health: Feeling good and healthy? Yes No If no, what restrictions need to be placed on your pet's activities or movements? _____

Anything contagious? Yes No Cleared by vet? Yes No

Does your pet have any allergies? _____

Behavior: Has this pet ever been in a kennel crate? Yes No

If yes, were they OK in the kennel? Yes No

Is your pet toy-possessive? Yes No

Is your pet food- or bone-possessive toward people or other dogs? Yes No

Has your pet ever had any formal obedience training? Yes No

Has your pet ever climbed/jumped a fence? Yes No

Is your pet friendly with strangers? Yes No

Have you ever taken your pet to any pet parks? Yes No

Is your pet friendly with other pets? Yes No (Is your pet is shy or aggressive? Circle one.)

I further certify that this pet has not harmed or shown aggressive or threatening behavior towards any person or any other pet.

Vaccinations: Distemper Group expiration: _____

Rabies expiration: _____

Bordetella expiration: _____

Monthly Vet approved flea treatment applications are necessary for stay.

Signature of owner _____ Date: _____

Client: Please fax, mail or bring this form on your next NSPC or NSDD visit. Also please bring a copy of your pets' veterinarian vaccination form along with a copy of your vet approved Flea Rx receipt for your records.



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Application for Enrollment

Owner's information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____ Cell phone: _____

e-mail address: _____

Employer: _____ Work phone: _____ Cell phone: _____

Who referred you to us? _____

Pet's information:

Name: _____ Breed: _____ Sex: _____ Neutered _____

Age: _____ Date of birth: _____ Weight: _____

Brand of food: _____ Amount of food: _____ Feedings per day _____

Special needs (medications, etc.): _____

Veterinarian: _____ Allergies _____

Address: _____ Phone: _____

Emergency contact: _____ Relation: _____ Phone: _____

Certificate for Care

I _____ grant North Shore Pet Connection (NSPC) and/or North Shore Doggy Daycare (NSDD) and/or its selected agents full power of decision concerning the care and well being of my pet _____. Should any medical condition arise, it is agreed that NSPC/NSDD or its selected agent can, and will, make any needed decision concerning medical treatment and choice of caregiver up to \$_____. (\$500 suggested)

Signed: _____ Date: _____

Print name: _____