

# CHA CHAS ~ A RETREAT FOR DOGS PRICE LIST

<b>Daycare (one day)</b>	<b>\$25</b>
<b>Hourly Daycare</b>	<b>\$5</b>
<b>12 Day Daycare Pass</b>	<b>\$265</b>
<b>Monthly Daycare Pass (5 days/week)</b>	<b>\$400</b>

*\*Absences are not refunded*

*\*Passes are good for 60 days from date of purchase*

## **Slumber Party ! (overnight stay) \$40/night\***

*\*This standard charge applies to dogs that are picked up by 8am the next morning, after 8am pick ups will be charged a daycare fee*

## **Slumber Party with Monthly Pass \$20/night**

## **Training – Prices vary- Group classes, Private lessons, and Board & Train Available**

<b>Bath &amp; Blow Dry</b>	<b>Varies, call for pricing</b>
<b>Birthday Parties</b>	<b>\$60</b>
<i>*Must be booked one week prior</i>	
<b>Nail Trim (clip)</b>	<b>\$7</b>
<b>Nail Trim (file)</b>	<b>\$10</b>
<b>Bordetella Vaccine (intranasal)</b>	<b>\$15</b>

## **Discounts....**

<b>Multi-Dog Family</b>	<b>10% discount</b>
<b>Human seniors 65+</b>	<b>10% discount</b>
<b>7 + Day Slumber Party</b>	<b>10% discount</b>

## **Hours of Operation:**

**Monday-Friday 6:30 a.m. – 7:00 p.m.**

**Saturday 9:00a.m. – 5:00 p.m.**

**Sunday 7:00 a.m. – 8:00 a.m. & 5:00 p.m. – 6:00 p.m.**

*(Slumber Party pick up and drop off only on Sundays)*

**Reservations are required for all services**

**All dogs must be interviewed and fully vaccinated**

**24 hour cancellations are required to avoid full charge**

**Discounts may not be combined**

**Phone: 916.739.6303 Fax: 916.739.0807**

**[www.chachasdaycare.com](http://www.chachasdaycare.com)**

**Dogs just wanna  
have fun!!!**

## **Cha Cha's Doggie Day Care Rules and Regulations**

The purpose of Cha Cha's Doggie Daycare is to provide a safe, fun and stimulating environment for dogs. We believe that this pet care option for busy pet owners will enhance the pet/owner relationship, ensure happy and healthy pets, alleviate many pet behavior issues and open up new homes for many shelter dogs! We appreciate your support of our endeavor and will strive to provide top- notch dog care, keeping in line with the needs of responsible pet owners. To ensure the safety and health of your pet and of our other guests, we require all of our guests to comply with the following Rules and Regulations.

**AGE:** All dogs must be 4 months of age or older

**SEX:** All dogs must be spayed or neutered exceptions made for puppies.

**SHOTS:** All dogs must have up-to-date vaccinations. Owners must submit written proof that their dogs received DHLPP, Rabies and Kennel Cough Vaccinations within the last 5 days to 11 months. Specifically the vaccines required are: Distemper, Hepatitis, Leptospirosis, Parainfluenza, Paravovirus, and Bordetella. These shots are more commonly referred to as DHLPP; 5 in 1 or 6 in 1 and could include or have the Kennel Cough vaccine as a separate inoculation.

**Health:** All dogs must be in good health. Owners will need to certify that their dog(s) are in good health and have not been ill in the last 30 days. On admission all dogs must be free from any condition which could potentially jeopardize other guests. Dogs who have been ill with a communicable condition in the last 30 days will require veterinarian certification to be admitted or readmitted. Due to the "pack" mentality of dogs, Dogs whom are prone to seizures will not be admitted for their own safety.

**BEHAVIOR:** All dogs must be non-aggressive and not food or toy protective. Owners will need to certify that their dog(s) have not harmed or shown aggression towards any other dog or person.

**APPLICATION:** All dogs must have a complete, up-to-date and approved application on file.

**THERE IS A \$5.00 NON-REFUNDABLE SCREENING FEE.**

CONTACT US: [www.chachasdaycare.com](http://www.chachasdaycare.com)

916.739.6303 phone 916.739.0807 fax  
910 57<sup>th</sup> street Sacramento CA 95819

## Cha Cha's Doggie Daycare Application

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### Owner Information

Owner Name: \_\_\_\_\_ E-mail \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other/Cell Phone: \_\_\_\_\_

Address:

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

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

How did you hear about us? \_\_\_\_\_

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### General Dog Information

Dog (s) Name: \_\_\_\_\_ Age (if known): \_\_\_\_\_

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

Special markings? \_\_\_\_\_ Male/Female Spayed/Neutered

Is your dog on a special diet? \_\_\_\_\_ If yes, please explain \_\_\_\_\_

Is your dog on monthly heartworm/internal parasite prevention? Yes No

Is your dog on monthly flea/tick prevention? Yes No

Is your dog on any type of consistent medication? If yes, please list them \_\_\_\_\_

Please list any previous medical issues your dog has had ( ex: allergies, hit by car, chronic ear infections, seizures...)

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**Behavior Questions:**

**Where does your dog stay when you are gone? (ex. crate, yard, loose in house)**

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**Has your dog ever growled at or bitten a human? Yes No**

**If yes, please explain**

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**Has your dog ever growled at or bitten another dog? Yes No**

**If yes, please explain**

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**Is there anything your dog automatically fears or dislikes?**

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**Are there any places on your dog that he/she does not like to be handled? Please explain their reaction...**

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**Has your dog ever had formal obedience training? Yes No**

**Please check the behaviors you have witnessed or know your dog has shown:**

**Innappropriate chewing**

**Fence jumping**

**Excessive barking**

**Snapping at a person**

**Toy guarding**

**Ignoring commands**

**Food guarding**

**Digging**

**Mouthing**

**Potty accidents**

**Please list any other comments or information about your dog that may be helpful...**

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## VETERINARIAN RELEASE FORM

### **AUTHORIZATION**

To my regular vet: Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

In the event of illness or injury related to my pet(s). I hereby authorize Cha Cha's and it's representatives, to bring in my pet(s) for whatever medical treatment may be required. If my regular veterinarian (named above) is not available for any reason, or the emergency should happen after regular office hours, I further authorize Cha Cha's to take my pet(s) to the nearest emergency veterinarian clinic which can render assistance.

I authorize my regular and/or emergency veterinarian to render services and treatments needed.

### **EUTHENASIA**

If euthanasia is recommended by the veterinarian:

- Please try to contact me first at phone numbers listed below.
- Proceed with euthanasia if unable to contact me
- Proceed with euthanasia without contacting me
- Do not euthanize my pet without my personal authorization
- Other \_\_\_\_\_

If Euthanasia is carried out, please arrange the following for the remains of my pet:

- Bring my pet home and bury
- Allow vet to arrange an individual cremation and return my pets ashes
- Allow vet to arrange an individual cremation and NOT return my pets ashes
- Allow vet to keep my pet- they make their own arrangements
- Other \_\_\_\_\_

### **COST/ PRICE LIMIT**

I request a price limit for the care authorized ( ) yes ( ) no

The price limit authorized is : \_\_\_\_\_

I have pet insurance ( ) yes ( ) No

Insurance policy number: \_\_\_\_\_

Insurance contact Phone number: \_\_\_\_\_

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Signature of Doggie Parent

Date

Print Name: \_\_\_\_\_

Pet(s) Name: \_\_\_\_\_

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

Contact Phone Numbers: \_\_\_\_\_

City/Zip: \_\_\_\_\_

\_\_\_\_\_

## FIELD TRIP PERMISSION SLIP

This is to certify that I \_\_\_\_\_ authorize Cha Cha's and its representatives to include my pet(s) \_\_\_\_\_ in any field trip on the days my pet(s) are under their supervision. I understand that I am solely responsible for any harm caused by my dog(s) while my dog(s) are in attendance. I further understand and agree the Cha Cha's and their representatives will not be held 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 my dog(s) attendance and participation on any field trip. I authorize this signed permission slip to be valid for all future field trips of any purpose permitting Cha Cha's and its representatives to include my pet(s) without additional signed permission slips or written authorization. This contract will become void upon written notification by the guarantor or removal of your pet from Cha Cha's doggie daycare program.

Cha Cha's Doggie Daycare

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Signature of Doggie Parent

Date

Name of Dog(s)

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