



THIS FORM IS TO BE FILLED OUT COMPLETELY AND RETURNED AT INITIAL VISIT

Owner(s)

Owner* _____ 2nd Owner(if applicable) _____
Address _____ City _____ State _____ Zip _____
Cell* _____ Work Ph _____ Email* _____
2nd Owner Cell _____ Alternate Phone/Email _____

Emergency Contact - OTHER THAN YOURSELF OR VETERINARIAN

Name* _____ Phone* _____ Email _____

Names of other people authorized to drop off and/or pick up your dog(s): - **NOTE** - Valid Picture ID may Required:

Pet Information (1 Pet Only)

Name _____ Breed _____ Color _____

Date of Birth _____ Weight _____ lbs. Male Female SPAYED/NEUTERED

****DOCUMENTATION OF VACCINATIONS REQUIRED* *DOGS 6 months of age or older MUST be SPAYED/NEUTERED IN ORDER TO ATTEND****

Veterinarian Information

Veterinary Clinic Name* _____ Phone _____

Address _____ City* _____ State _____ Zip _____

Medical Information

Has your dog been ill in the last 30 days (including coughing, sneezing, or upset stomach)? YES NO

(If yes, please explain)

Are there any restrictions that need to be placed on your dog's physical activities/movements?

(If yes, please explain)

Does your dog have any known allergies or sensitive areas? YES NO (If yes, please explain)

What food is your dog currently eating and how much/how often? _____

Are you using flea, tick AND heart worm prevention (REQUIRED - FLEA COLLARS NOT ADMISSIBLE) YES NO

Pet Temperament and Behavior Information

Has your dog ever attended daycare or boarded in an all day play environment? Yes No

Has your dog ever been bitten or attacked by another dog? Yes No

(If yes, please explain)

Has your dog ever been abused to your knowledge? Yes No

(If yes, please explain)

Has your dog ever exhibited aggressive behavior towards people or other dogs? Yes No

(If yes, please explain)

Would you describe or label your dog with any of the following? (Please circle all that apply)

- | | | | | |
|---------------|----------------------------|------------------|---------------------|--------------|
| Feces Eater | Fear of Lightening/Thunder | Escape Artist | Destructive Chewing | Fence Jumper |
| Collar Issues | Toy/Food Aggression | Rock/Stick Eater | Separation Anxiety | |

Regulations and Policies
PLEASE READ EACH SECTION

If in our judgment, your dog(s) requires immediate medical care we will attempt to reach you and/or your emergency contact, however we will also take your dog to a veterinarian or animal hospital to avoid any unnecessary suffering. You agree to be solely responsible for the payment of all medical bills for your dog and you release The Woof, its officers, directors, agents, volunteers and employees of and from any and all responsibility for claims, damages, debts, etc., arising out of or related to any such medical care, including, but not limited to, transportation to/from the veterinary clinic and choice of veterinarian and animal hospital.

The Woof reserves the right to immediately change your dog's type of boarding/daycare if we believe it is necessary to protect the health and well-being of your dog, other dogs, and/or our staff. If your dog begins to show behavior different from the initial visit, we reserve the right to segregate your dog from the rest of the canine visitors. Standard fees apply and your dog may have to be uninvited.

Your dog must be healthy and current on all vaccinations. It is your responsibility to provide documentation before or at the initial visit and to also provide updated documentation as needed. For the safety of all our canine guests, we reserve the right to refuse service for any pet that is showing an expired vaccination in our system. If your dog is exhibiting any symptoms that may suggest illness such as sneezing, coughing, wheezing, runny eyes or nose, vomiting, lethargy, or diarrhea, please do not bring your dog to daycare or boarding. If your dog develops symptoms during the stay, we will segregate your dog to protect the health of the other canine visitors.

You understand that the Bordetella vaccination doesn't completely eliminate the chance of your dog contracting kennel cough. Kennel Cough is the canine version of the human cold and just as with children in daycare it can spread quickly regardless of all we do at The Woof to maintain a clean and sanitary environment.

You acknowledge and understand that there are certain risks involved in daycare and boarding, including but not limited to dog fights, dog bites to humans or other dogs and the transmission of disease. Additionally, any medical expenses will be your responsibility and you release The Woof of any liability and charges.

All dogs must arrive on a leash and all dogs must have a quick release collar. Those without a quick release collar will be segregated to help ensure safe play for all other dogs. No choke chains, corrective collars, harnesses or clothing is allowed in daycare and boarding. We also require that you have a name tag on your dog's quick release collar.

We accept Visa, MasterCard, Discover, American Express, Cash and Check (A \$25 returned check fee applies). The Woof reserves the right, without notice but not applicable during an already occurring visit, to adjust our fees and/or services. All charges must be paid in full upon pick-up of your dog. Dogs left ten days beyond the agreed pick-up date without any communication from the owner or owner's representative will become the property of The Woof.

Day play is available 7 days per week except on announced major holidays. Day play hours are 6 am to 8 pm. Pets are to arrive between 6 am and 12 pm which ensures all dogs have a similar energy level that decreases throughout the day. Dogs can be picked up as late as 8pm for no additional charge. Day play pets can still be picked up between 8pm to Midnight with the addition of the convenience fee. Pick-ups and drop-offs between 12am and 6am are not available unless approved by a manager.

Hotel stay arrivals and departures are available 7 days a week between the hours of 6am and 8pm for no additional charge. Standard check-out time is 2 pm. For check-outs between 2 pm and 8pm a half day of day play will be added per pet. Arrivals cannot be accommodated after 8pm. Overnight guests enjoy the same day play hours* and amenities as daycare guests at no additional charge other than the day of check-out if the 2 pm deadline is not met. The Woof does provide house food at \$1.00 per feeding if needed, but encourages pet parents to bring their own food and treats. Medicine is administered at no additional charge.

*Overnight guests will be out for play no later than 7:30 am to allow appropriate time for morning food and medication distribution and digestion.

By submitting this document:

A) INITIAL _____ You indicate your agreement with all of the terms listed above.

B) INITIAL _____ You release, indemnify, and agree to hold The Woof harmless from any and all manner of damages, claims, losses, liabilities, costs or expenses, causes of actions or suits, whatsoever in law or equity, (including, without limitation, attorney's fees and related costs) arising out of or related to the services provided by The Woof, except those that may arise from the sole gross negligence or intentional and willful misconduct of The Woof, including, without limitation, (a) any inaccuracy in any statement made by yourself or information provided by you to The Woof, (b) your dog(s), including but not limited to, the destruction of property, dog bites, injury and transmission of disease, and (c) any action by yourself which is in breach of the terms and conditions of this agreement.

C) INITIAL _____ This agreement covers the current relationship between The Woof and yourself. Each time you bring your dog to The Woof, you affirm the terms of this Agreement, and the truthfulness and accuracy of all statements you have made in this Agreement.

D) INITIAL _____ This document applies to all dogs on your account with The Woof regardless of the fact that any additional dogs in your family, if applicable, requires a separate form specific to each dog in regards to "Pet Information", "Medical Information" and "Pet Temperament and Behavior".

PRINTED NAME _____ SIGNATURE _____ DATE _____