

Owner Name: _____ Pet Name: _____



Owner Contact Information

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Additional Contact Information: _____

Emergency Contact

Name: _____

Home Phone: _____ Work Phone: _____

Please list any person/s who may pick up your Dog if you aren't able to: _____

_____ Password: _____

(please notify Dogs Rule!, LLC immediately of any changes to this list/password)

Pet Information

Name: _____ Breed: _____ Sex: M/F

Age: _____ Weight: _____ Color: _____ Birthday: _____

Spay or Neutered: Y / N Micro Chip Y / N: # _____

Owner Name: _____ Pet Name: _____

Veterinarian

Name: _____

Address: _____

Phone: _____

Pet History

Where did your Dog come from?: _____

What is your Dog's history?: _____

Has your dog received formal obedience training? Y / N

What commands do you practice regularly to communicate with your Dog?:

Does he/she have a potty command?: _____

Does he/she have a quiet or no bark command? _____

Owner Name: _____ Pet Name: _____

Pet Behavior

Has your Dog ever growled at or bitten anyone and if so what were the circumstances?:

Has your Dog ever shared his/her food or toys with other animals?: _____

If so, were there any problems?: _____

Is your Dog afraid of certain items or noises?: _____

How does your Dog react to new Dogs upon meeting?: _____

Has your Dog ever been in a Dog fight?: Y/N If so, please explain: _____

Does your Dog have any "quirks" or unusual behavior/s Dogs Rule!, LLC should be aware of to make your Pet's stay with us more comfortable?:

Owner Name: _____ Pet Name: _____

Pet Health Information

All Dogs must have up-to-date vaccinations on file with us. Veterinarians are often happy to fax your Pets records directly to us. (614) ~~725-2575~~. Is your Pet current on:

Rabies: Y/N Bordatella: Y/N
Distemper/Parvo: Y/N A fecal float with a negative result: Y/N
Is your Dog on heartworm prevention?: Y/N
What flea prevention program is your Dog currently using?: _____

Is your Dog on any medications?: Y/N If so, please explain: _____

Are there any restrictions for your Dog regarding activities or movements?: _____

Does your Dog have any allergies?: Y/N If so, please explain: _____

Is it okay to give your Dog treats during the day?: _____

Does your Dog have any sensitive areas on his/her body?: _____

General Information

How many days per week are you considering Daycare?: _____

Please circle preferred days: Monday Tuesday Wednesday Thursday Friday

How did you hear about Dogs Rule!, LLC: Play / Care for Your Best Friend?: _____

Liability Waiver and Health Certification

I, _____, hereby certify that my dog(s)

is in good health, and has not harmed or shown aggressive behavior towards any person or other dog.

Please read and initial each provision below:

1. ___ I release Dogs Rule!, LLC of any liability arising from my dog's attendance and participation in activities.
2. ___ I fully accept all reasonable risks of illness or injury that may be incurred during normal daycare activity. Such risks include, but are not limited to: Cuts, scrapes and other minor injuries resulting from rough play; and possible contagious illnesses such as upper respiratory infections (of which only one, "bordatella", currently has a vaccination available).
3. ___ Dogs Rule!, LLC agrees to exercise due and reasonable care in the handling of dogs, and in keeping the facility properly enclosed and sanitary. All dogs are cared for by Dogs Rule!, LLC staff and volunteers without liability on Dogs Rule!, LLC's part for loss or damage from disease, theft, fire, death, escape, injury or harm to persons, other dogs, property, or for other unavoidable causes, due care and diligence having been exercised.
4. ___ I understand that I am solely responsible for any harm caused by my dog, while my dog is attending Dogs Rule!, LLC, provided reasonable care and precautions are followed by Dogs Rule!, LLC staff.
5. ___ I shall indemnify Dogs Rule!, LLC, against any claims made against the company, or any losses or damage of any kind suffered by Dogs Rule!, LLC, as a result of my failure to inform Dogs Rule!, LLC, of any pre-existing condition my dog may have (including, but not limited to an illness or known aggression problem).

6.____ I agree to take precautions against contagious illness and parasite exposure by consulting with my Veterinarian prior to my dog attending Dogs Rule!, LLC.

7.____ I understand that in the event of injury, Dogs Rule!, LLC staff may or may not notify me immediately, at their discretion. If the injury is not serious, staff may allow my dog to continue to play, and then notify me when I come to pick up my dog. If the injury is serious, or requires that my dog be removed from group activities, I will be notified immediately.

8.____ I understand and agree that should my dog become ill or in need of medical attention, Dogs Rule!, LLC will first try to contact me, and then my emergency contact references provided on the registration form. If unable to reach me in an emergency situation, Dogs Rule!, LLC staff reserves the right and sole discretion to administer aid, and/or to use any available veterinarians without liability, and I agree to promptly pay for all medical treatments received.

9.____ I understand that my dog will only be released to the owner(s) on file, unless prior arrangements have been made, in writing, with a Dogs Rule!, LLC staff member.

10.____ I understand that **Dogs Rule!, LLC closes at 6:30pm.** One late pickup (< 30 minutes) will be forgiven at no charge. After that a \$1.00 per minute late fee will be assessed. At 7:00pm Dogs Rule!, LLC staff will attempt to contact me, and then my listed emergency contacts to come pick up my dog, and pay all applicable fees at the time of pickup.

I hereby agree to the provisions of this contract. I have initialed each provision above to acknowledge my understanding and acceptance.

(Owner Signature)

(Date)