



ENROLLMENT FORM

Services Interested In (check all that apply)

Daycare Boarding Grooming Training Vet Clinic Other

If other, please explain

Contact Information

Pup Parent (1) Name

Phone

Email

Address

City

State

Zip

Pup Parent (2) Name

Phone

Email

Address

City

State

Zip

Veterinarian

Phone

Email

Emergency Contact

Relationship

Phone

Email

Others Who May Pickup Your Dog

Name

Phone

Email

Name

Phone

Email

Would you like to be part of the Pack, add me to the Dogtown Resort newsletter and special offers and events via email?

Yes No

How did you hear about Dogtown?

Tell us about your Pup

Number of dogs enrolling at Dogtown? (If more than one, please complete form for each dog)

Dog's Name

Breed/Description

Color

Approximate Weight

Birthdate (approximate)

Age

Gender

Spayed/Neutered? Yes No

Note: All dogs over the age of 7 months old, or those exhibiting early onset adolescence, must be spayed or neutered.

Where did you get your dog from?

Breeder Rescue/Shelter Re-Homed Found Other

If other, please explain

How long have you had your dog?

Any known health history? Yes No

If yes, please explain

Has your dog been in an open play daycare/boarding before? Yes No

If your dog has been in open play daycare or boarding before, what did you like the most and least about your last daycare/boarding provider?

Liked Most

Liked Least

When would you like to start daycare?

If boarding, what is your start/end dates /

Which days of the week will you be coming to daycare?

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

What is most important to you about your dog's overall care?

What are the 3 most important things you want your dog to experience at Dogtown?

1.

2.

3.

Health History

Up-To-Date Vaccinations (check all that apply). Note: A copy of the vaccination record from your Vet is required.

Rabies Bordetella DHPP Canine Influenza

Check any that have occurred in the last 6 months.

Ear Infections Allergies Heartworms Canine Cough Seizures
 Eye Infections Gastritis/Bloat Tapeworms Heat Stroke Fleas/Ticks

Additional Health Concerns

Heart

Vision

Hearing

Skin

Hip/Elbow/Knee

Surgeries

Regular Medications

Preventative Health Maintenance. Note, all dogs must be on a current flea prevention.

Current Flea/Tick Current Heartworm

Does your dog have any known allergies (include food, spa grooming products, other)?

Behavior & Social Interactions

Describe Your Dog's Personality/Temperament (ie: happy, anxious, gets stressed, submissive, leader, gets bored, cautious, couch potato, etc.)

How would you describe your dog's energy level most of the time? High Medium Low

Is your dog crate trained? Yes No

Has your dog escaped a crate/door/room? Yes No

If yes, please explain

Has your dog climbed/jumped fences? Yes No

If yes, please explain

Has your dog eaten stool or other foreign objects? Yes No

If yes, please explain

Does your dog go to dog parks/beach or other off-leash environments? Yes No

If yes, please explain

Has your dog ever nipped or bit anyone? Yes No

If yes, please explain

Has your dog ever been dismissed from daycare/boarding? Yes No

If yes, please explain

Is your dog trained for or participated in hunting excursions (e.g., rabbits, birds, squirrels) or herding? Yes No

If yes, please explain

Does your dog readily share toys with other dogs? Yes No

If yes, please explain

Is there any person, dog, or environment that makes your dog uncomfortable? Yes No

If yes, please explain

Does your dog play well with dogs of all sizes/breeds? Yes No

If yes, please explain

Are there any types of breeds of dogs that your dog does not like? Yes No

If yes, please explain

Has your dog had any experience with puppies? Yes No

If yes, please explain

My Dog... (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Barks at dogs while on leash | <input type="checkbox"/> Loves to chase other dogs |
| <input type="checkbox"/> Barks at dogs that pass by the house | <input type="checkbox"/> Plays rough |
| <input type="checkbox"/> Is shy/nervous around dogs | <input type="checkbox"/> Likes to chase or hunt small animals |
| <input type="checkbox"/> Loves to be chased by other dogs | |

Which commands does your dog know? (check all that apply)

- | | | | |
|-------------------------------|-------------------------------|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Sit | <input type="checkbox"/> Stay | <input type="checkbox"/> Heel | <input type="checkbox"/> Go to Crate |
| <input type="checkbox"/> Down | <input type="checkbox"/> Come | <input type="checkbox"/> Leave It | <input type="checkbox"/> Other |

If other, please explain

What brand and type of food is your dog fed?

The amount?

How often?

May we offer your dog/dogs treats? Yes No

Is there anything else about your dog that we should know?

Evaluation Waiver

I, certify that my dog is in good health, has not been ill with any communicable diseases or parasites in the last 30 days, and has not harmed or shown aggressive or threatening behavior towards any person or any other dog. I also have read and understand and agree to the following:

1. Inherent risks of daycare, boarding, spa and grooming. I understand that Dogtown is an open-play environment and because of this there are inherent risks, which even when closely monitored, may result in the following:

a. Transfer of communicable parasites or an illness such as, but not limited to, the canine papilloma virus also known as "puppy warts," or an upper respiratory illness like Kennel Cough, which can be caused by a contagious bacteria or virus.

b. Injuries, usually benign, such as broken nails, sore pads, puncture wounds, abrasions and cuts, particularly in shorter coated breeds, etc.

c. Behavioral problems.

2. Release. Dogtown and their team will not be liable for any health or behavioral problems that develop in my dog(s), and I hereby release them of any liability of any kind whatsoever arising from my dog(s) attendance and participation at Dogtown. I am solely responsible for any harm, including to any other dog(s), to the employees or invitees of Dogtown, or to the equipment, physical plant, or other property of Dogtown, caused by my dog(s) while my dog(s) is/ are attending Dogtown.

3. Crate usage. I authorize my dog(s) to be placed in a crate during the evaluation process, boarding and/or daycare.

4. During my absence, Dogtown will be caring for my dog. In the event of an emergency, I authorized a veterinarian to administer medical treatment, and will be responsible for payment upon my return.

a. In case of emergency where I and my emergency contract on file are unreachable, I give permission to provide treatment while waiting to contact me or my emergency contact.

I authorize treatment costs up to \$

b. I agree that Dogtown is released from all liability related to transportation to and from veterinarian and treatment for sickness or emergency. This agreement will remain valid for all visits unless a new one is signed at my request.

5. I give Dogtown permission to transport my dog to a Veterinary Hospital in the event of an emergency or sickness and authorize treatment. If emergency is needed after regular office hours, my dog may be taken to an Emergency Veterinary Hospital.

I have read and understood all terms of this agreement.

Pet Parent Name

Signature

Date