

Wag 'N' Tails



We welcome you and your dog to Wag 'N' Tails! We are confident you will be pleased with our services. Please help us to get to know your dog to make his/ her stay with us even more comfortable and enjoyable. Take your time filling out this information and be as specific as you would like. If there is any additional information you feel your caregivers should be aware of please do not hesitate to add any more information not listed here.

Client Information

Pet Parent(s) _____			
Address: _____	City: _____	Zip: _____	
Home Phone: _____	Cell: _____	Work: _____	
Email Address: _____			

Specific Dog Information

Dog's Name: _____	Date of Birth: _____	
Breed: _____	Color: _____	Gender: _____
Dog's Veterinary Clinic: _____	City: _____	
Where did you hear about us (be specific if you can)? _____		
Is your dog spayed or neutered? Y or N Where did you get your dog? _____		
How old was dog when he/she came to live with you? _____		
How many times per day does dog eat? _____ What brand of food? _____		
Does your dog eat moist food? Y or N What is the quantity you feed? _____		
Can your dog be in a crate? Y or N Does your dog have and behavior issues with humans or dogs? _____		
Has you dog been in any obedience class before? Y or N If so when and where? _____ _____		

Health and Wellness

Does your dog have any health problems? _____		
Does your dog have any allergies? _____		
Is your dog on any medication? Y or N If so, what is the prescription name? _____		
Dose: _____	Frequency: _____	Reason for medication: _____

HOLD HARMLESS CONTRACT

1. Pet owner agrees to pay for services before they are rendered. There are no refunds given. Day care packages purchased signify the amount of visits purchased, and must be used within the time indicated on the "Package Price Sheet."
2. Pet owner agrees to pay all costs and charges for special services requested, and all veterinary costs for the pet during the time said in case of an emergency.
3. Owner further agrees that the pet shall not leave the day care center until all charges are paid to Wag 'N' Tails Dog Activity Center.
4. By signing this contract and leaving your pet with Wag 'N' Tails, pet owner certifies to the accuracy of all information given about the said pet on Day Care Pet Profile and on the Health/Certification Profile.
5. Wag 'N' Tails shall exercise reasonable care for the pet delivered by the pet owner. Wag 'N' Tails Dog Activity Center, L.L.C., shall not be liable for injury or death of pet and hereby release, waive any right, and forever discharge and agree to indemnify and hold harmless, the Activity Center and all of the Center's Officers, director's, members, employees, volunteers, and insurers of and from any liability claims, demands, causes of action and possible causes of action what so ever, anticipated or unanticipated, arising out of or related to any loss, damage or injury (including death) of the dog, regardless of whether asserted in this contract, strict liability, or otherwise, that may be sustained by pet owner or pet owner's pet, that may otherwise accrue to pet or pet owners respective heirs, next of kin, or personal representatives, while pet owner is in the possession of Wag 'N' Tails Dog Activity Center, L.L.C.
6. Pet owner will provide written or verbal information if someone other than the "pet owner(s)" is to drop off or pick up the dog.
7. Pet owner specifically represents to Wag 'N' Tails Dog Activity Center all required vaccinations, procedures, flea prevention and heartworm preventatives have been taken prior to admittance into the center.
8. Pet owner specifically represents to Wag 'N' Tails Dog Activity Center that dog currently has no fleas and has been checked within a (10) day period prior to admittance into day care.
9. Pet owner represents that his/her dog is not aggressive, has no history or present act of aggression toward any living thing, people or other animals.
10. Pet owner understands that representatives of Wag 'N' Tails may excuse dog from any program with no refund given for aggressive or unpredictable behavior resulting in injury of anyone or any living thing.
11. If the pet should become ill or if the state of animals health otherwise requires immediate professional attention Wag 'N' Tails will be using one of the two veterinary care hospitals listed on the health certification document. Pet owner will pay for any billing upon the date of services rendered.

AGREEMENT TO HOLD HARMLESS ASSUMPTION OF RISK AND RELEASE

This is a contract between Wag 'N' Tails Dog Activity Center, L.L.C. and the dog owner whose signature appears below (hereinafter called "pet owner.")

I understand that attending a dog obedience training class, behavioral counseling session, day care or boarding program is not without risk to myself or my dog, because some of the dogs to which we will be exposed may carry disease, infestations, and/or be difficult to control and may be the cause of injury or disease even when handled with the greatest of care and all medical precautions have been taken.

I also, hereby agree to indemnify and hold harmless Wag 'N' Tails Dog Activity Center, L.L.C., (hereinafter called "WNT,") it's officers, employees and agents from any and all claims arising from and as a result of the actions of my dog, which constitutes negligence or intentional misconduct. I understand the WNT shall not be liable for injury or death of the pet resulting from any other dog, invasion riot, strikes, act of God or any cause beyond the control of WNT.

By signing below, I am aware and in full agreement of all terms and conditions listed and stated within this contract.

Pet Parent Signature: _____ Date: _____

EMERGENCY MEDICAL CARE

(Someone other than dog parents: For example friend, neighbor, family member, etc.)

1) Name: _____ Home Phone: _____ Cell Phone: _____

TRANSPORTATION

I, _____ (Pet Parent Signature) authorize Wag 'N' Tails Dog Activity Center and any staff member to transport and seek medical attention for my pet, should the need for medical care arise. I am fully aware that I will be responsible for payment or any medical services rendered at the time of such services. Signing here will also authorize transportation if arranged ahead of time to local pet stores parks, etc. for extra care and amusement!

EMERGENCY CARE GIVERS

In case a medical emergency should arise we will try to contact you. If you are not reachable we will be using Wilson Veterinary Hospital. This state of the art facility is located only moments from the school and they provide outstanding care.

I prefer to pay the medical bill for these services with (please check one) Check _____ Cash _____

Drivers License Number: _____

Signature: _____ Date: _____