



# QUILL FEATHER FARM

## Come, Sit, Stay...with us! Client Worksheet

We are excited to have your dog come and stay with us! Please take a couple of minutes to fill out this worksheet so we know everything we need to know about our canine client.

Owner Name:	Date:
Street:	City, State, Zip:
Cell Phone:	Email:
Dog's Name:	Dog's Age and DOB:
Drop Off Date/Time:	Pickup Date/Time:
Rabies Vaccination #:	Vet:
Microchip #:	Vet Phone:
Emergency Contact:	E-Contact Phone:

Tell us a little bit about your dog:

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Describe your dog's normal daily routine:

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### QUESTIONNAIRE

1. Is your dog (or pup) fully housebroken:  Yes  No – If no, explain issues: \_\_\_\_\_  
\_\_\_\_\_
2. How many times per day does your dog get fed:  1  2  3 – What brand and how much at each feeding: \_\_\_\_\_  
\_\_\_\_\_



3. Does your dog require any special modifications to its food/feeding (i.e. add water):  Yes  No  
If yes, explain: \_\_\_\_\_
4. Do you typically remove access to drinking water at any point during the day:  Yes  No  
If yes, explain: \_\_\_\_\_
5. Does your dog require any medication:  Yes  No – If yes, explain regimen: \_\_\_\_\_  
\_\_\_\_\_
6. Is your dog up-to-date on:  Rabies  Canine Distemper  Bordetella (Kennel Cough)
7. Is your dog currently protected from:  Fleas  Ticks  Heartworm
8. Does your dog have any allergies:  Yes  No – If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
9. Is your dog typically crated during the day:  Yes  No  Sometimes – If yes, how many hours: \_\_\_\_\_
10. Is your dog typically crated at night:  Yes  No  Sometimes
11. Describe your dog's behavior when kenneled/crated: \_\_\_\_\_
12. Does your dog typically shred bedding:  Yes  No  Sometimes
13. Is your dog likely to jump a 5-foot fence:  Yes  No  Maybe?
14. Has your dog ever showed ANY type of aggression/aversion/fear to (check all that apply):  
 Male Dogs  Female Dogs  Adults  Children  Other: \_\_\_\_\_
15. Does your dog have any behavioral problems we should be aware of:  Yes  No – If yes, explain:  
\_\_\_\_\_
16. Has your dog been e-collar trained:  Yes  No – If yes, explain settings etc.: \_\_\_\_\_  
\_\_\_\_\_
17. Has your dog been whistle trained:  Yes  No – If yes, please explain commands: \_\_\_\_\_  
\_\_\_\_\_
18. Has your dog ever run with a UTV or 4-wheeler:  Yes  No – If yes, how well: \_\_\_\_\_  
\_\_\_\_\_
19. Has your dog ever shown sensitivity or fear to any of the following (if yes, check those that apply):  
 Gunfire  Electronic Traps  Fireworks  Thunder  Lawnmowers or Tractors
20. Has your dog been exposed to (check all that apply):  
 Chukar  Ducks  Pheasants  Quail  Pigeons



**COMMANDS**

Dog's Name: \_\_\_\_\_

Please tell us what basic commands you use (or plan to use) with your dog:

Common Command	Behavior that should occur	Your Command
Come	Dog should come to handler	
Sit	Dog should sit	
Stay	Dog should remain in a place until released	
Down	Dog should lay down	
Heel	Dog should walk calmly at handler's side	
Kennel	Dog should enter its kennel	
Place	A spot a dog should go to, or remain at	
OK	Dog is released from a place	

**PLEASE BRING:**

- Dog food
- Treats (optional)
- Medications (if applicable)
- Flat collar
- Leash
- E-collar    Controller    Chargers (please make sure they have your name on them)
- Kennel Pad/Blanket/Bed (only if dog is not a shredder)
- Crate (if your dog is comfortable in an enclosed/plastic crate, particularly at night)

**PLEASE DO NOT BRING:**

- Toys
- Bones
- Personal Effects
- Valuables
- Bedding that your dog will probably ruin



## ACKNOWLEDGEMENTS AND WAIVER

Dog's Name: \_\_\_\_\_

Please take a moment to read and acknowledge the following by placing a check in each box:

- I represent that I am the legal owner or legally authorized by the owner of the dog(s) described on the worksheet.
- I represent that my dog(s) is in good health, is currently up-to-date on all required vaccination for Canine Distemper, Rabies, and Bordetella (Kennel Cough). Is free of fleas, ticks and lice and has not been ill within the last six months.
- I understand that while my dog(s) is fully vaccinated, that vaccines are not guaranteed and there are risks that my dog(s) may contact a contagious disease or illness. I agree that should this occur, I am responsible for my own dog's care, medical attention, and costs.
- I represent that my dog(s) is social and has not harmed or shown threatening behaviors towards any person or other dog.
- I understand that during my dog's stay, it may be exposed to a wide variety of things, including but not limited to: fields, trails, woods, ponds, creeks, mud, brush, briars, gunfire, 4-wheelers/UTVs, birds, gamebirds, wildlife (including deer, coyotes, rabbits, feral cats, etc.), and other dogs.
- I understand that although the dogs are supervised, incidents of injuries may occur from playing, training, running, searching, swimming, etc. which include but are not limited to bites, scrapes, scratches, sprains, tears, breaks, torn pads, and split/broken nails, etc. I agree that should any injury occur, I am responsible for my own dog's care, medical attention, and costs.
- I authorize Quill Feather Farm, its staff, owners, and any representative to contact my veterinarian should any injuries or illness require medical attention.
- I agree that I am solely responsible for any medical expenses incurred for my dog(s).
- I understand and acknowledge that if I cancel a reservation less than thirty (30) days before the reservation is to begin, I may be subject to a cancellation fee up to the quoted amount of the full reservation.
- I understand that in the event I cannot pickup my dog(s) at the agreed upon date/time that I may be subject to additional fees. I further understand that if my dog(s) need to be delivered to my home or another location that I may be subject to a \$100.00 delivery fee.



- I release Quill Feather Farm, its staff, owners and any representatives from any and all liability which I or my dog(s) may suffer including but not limited to injury, sickness, damage, or death resulting from participation in daily care, exercise, training, and/or boarding.

With my signature below, I certify that I have read, understand, and accept the acknowledgments stated above. In addition, I knowingly and voluntarily agree to release and hold harmless Quill Feather Farm, LLC ("Quill Feather Farm") its affiliates, directors, officers, employees, agents, its respective heirs, successors and assigns and any real property lessor to Quill Feather Farm, LLC ("Affiliated Parties") against and from, any and all injuries, damages, claims, actions, liabilities, loss, costs and expenses (including, all reasonable attorneys' fees and expenses associated with litigation), incurred by or asserted against Quill Feather Farm, LLC and Affiliated Parties arising out of any activities, hunting, training, and/or boarding, any alleged negligence of Quill Feather Farm, LLC and/or Affiliated Parties and any alleged negligence or intentional acts of third parties not under the control Quill Feather Farm, LLC.

Full Name: \_\_\_\_\_ ← please print

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Email: \_\_\_\_\_

Reservation Dates: \_\_\_\_\_

Quoted Amount\*: \_\_\_\_\_

\*Quoted Amount is only a projected fee. This fee is subject to fluctuation based on a variety of factors that may be encountered during training/boarding.



# QUILL FEATHER FARM

## MEDICAL RELEASE FORM

Dog's Name: \_\_\_\_\_

This is a required form for all dogs receiving services and/or participating in activities at Quill Feather Farm, LLC. First and foremost, the safety and well-being of your dog(s) is of the highest importance and we take it very seriously. We do our absolute best to ensure that your dog(s) remains safe and well cared for but some factors may be beyond our control. In the event that a medical emergency arises while a dog is at our facility, participating in a service that we provide, and/or participating in an event on our grounds, it is imperative that we are immediately able to get them medical treatment at the closest available facility. We will call ahead to the veterinary offices in closest proximity geographically to us to insure they can handle the emergency present. Your pet will be taken to the closest available facility that can handle treatment and you will be notified.

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I understand that if in the event of a medical emergency where Quill Feather Farm, LLC ("Quill Feather Farm"), at its sole discretion, deems necessary the immediate attention of a licensed veterinarian, I authorize Quill Feather Farm to seek medical attention for my dog (s) at the closest available veterinary facility. I further agree that I am solely financially responsible for any medical treatment my dog(s) receives as a result of a medical emergency while attending services and/or participating in activities provided by Quill Feather Farm.

With my signature below, I certify that I have read, understand, and accept the regulations set forth in this Medical Release Form and accept all terms and conditions as set out.

Full Name: \_\_\_\_\_ ← please print

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Email: \_\_\_\_\_