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**** Please Fill Out Separate Forms For Each Dog In Household****

<u>Client Inform</u>	<u>ation</u>									
Owner First and Last Name										
Spouse or P	artner's Name									
Address										
City			Postal Code							
Phone	Cell Number									
Email										
Typical Work Hours										
Emergency Contact Information (Friend Or Family)										
Alternate Person Who May Pick Up Dog										
Special Password										
Pet Information										
Dog Name										
Dog Age		Birthdate								
Breed		Weight								
Male	Female	Spayed or Neutered	Yes□	No□						
Valid Tag or Licence Number										
Microchip or Tattoo Number										

Pet Health: Please Attach A Photocopy Of Immunization Record

Dog Has Received Complete Immunization For:

DHLPP 🛛 Bo	ordetella	Rabies 🛛							
Name And Phone Number Of Vet:									
Clinic Name									
Medical Conditions									
Allergies									
Has Flea/Tick Prevention	Yes 🛛	No 🗆							
Has Heartworm Prevention	Yes 🛛	No 🗆							
Physical Limitations (Sore Back, Hip Dysplasia, Etc)									
Is Your Pet Insured	Yes 🗆	No 🗆							
Name Of Company									
Pet Background									
Previous Obedience Training									
Previous Daycare Experience									
Is Your Dog Crate Trained	Yes □	No 🗆							
Any Sensitive Spots	Yes 🗆	No 🗆							
How Long Have You Owned This Dog?									
How Does Your Dog React to New Dogs?									
Dog Is Afraid Of									
Dogs Preferred Reward									
Favourite Toy									
Favourite Game									

Pet Behaviour Challenges (Check All That Supply)

Biting O	ing Or Growling At People (Explain)								
□ Aggress	sion Tov	vards Otl	ner Dogs (Ex	plain)					
Shyness	Jumping on People				Jumpir	ng Over Fences			
Running Awa	y \Box Chewing or Digging				Chasin	g Small Animals			
Leash Pulling	Excessive Leash Pulling			ing 🗌	□ Escaping Through Doors □				
Other									
Feeding									
Current Feedi	ng Sche	edule							
Feeding Instructions Time(s)					Amount				
Preferred Bra	nd								
Treats Ok?	Ye	es			No				
Any Foods Or	Treats	Your Dog	g Cannot Hav	/e					
Preferred Atte	endance	<u>Dates</u>							
Monday	All Day	/		;	am 🛛		pm		
Tuesday	All Day	/		:	am 🛛		pm		
Wednesday	All Day	/		;	am 🛛		pm		
Thursday	All Day	/		:	am 🛛		pm		
Friday	All Day	/	□	;	am 🛛		pm		
Saturday	All Day	/		:	am 🛛		pm		
Sunday	All Day	/		;	am 🛛		pm		
Payment									
Cost Per Day	Cost Per Week				Cost Per	Month			
Pre-Purchase	Payme	nt Receiv	ved						
Future Payment Arrangements									
<u>I Have Read A</u>	and Und	lerstood	The Liability	Waiver An	d Releas	se Form			

Client Signature

RELEASE AND WAIVER:

By filling out this application and signing below, I hereby release Red Woof Inn Doggie Daycare and all associated parties and its owners, members, investors, officers, managers, employees, and agents (hereinafter referred to as "Red Woof Inn") from any and all liabilities for injuries or illnesses to myself, my dog, or any other property of mine which may arise in any way out of services and/or products provided by Red Woof Inn. I understand this is a full, complete, and knowing release with no right of recourse.

<u>ANIMAL UNPREDICTABILITY AND VOLATILITY</u>: I understand that every dog reacts differently and that animals by nature are unpredictable. I understand and acknowledge that dogs and animals may bite or cause other injury to humans and other dogs without warning or reason. I acknowledge and understand that there are certain risks involved in a social environment, day care, including but not limited to dogfights, dog bites to humans or other dogs, and the transmission of disease.

INDEMNITY: The undersigned, by execution of this document, agrees that he, she or they shall indemnify and defend Red Woof Inn and hold each of them harmless from any claim, demands, causes of actions or damages, including reasonable attorney's fees, arising out of any action or damage or injury done or caused by their dog to any animal, individual or individuals while in the care of Red Woof Inn. Any medical expenses will be my responsibility and I release Red Woof Inn from any charges.

<u>SPAY NEUTER POLICY</u>: I also understand that all dogs of appropriate age must be spayed or neutered,(no older than 12 months), on a flea/tick preventative program, and up to date on DHLPP, Rabies, and Bordetella

HOURS OF OPERATION AND CHARGES:

I also understand that Red Woof Inn' hours are Monday – Friday from 7:00am to 6:00pm, Saturday and Sunday 9:00 am – 11:00 am and 4:00 pm – 6:00 pm and I must promptly pick up my animal before 6:00 pm (or 1pm for half-days). Late charges of \$1.00 per minute may be applied otherwise. Reservations for boarding and daycare are required, and cancellations not made by 6:30pm one business day prior to the scheduled visit may be charged full fees and invoiced to the parent. By signing below, I accept exclusive and sole responsibility, financial or otherwise, for these and all other risks and release Red Woof Inn and all related parties of all liability.

<u>**MEDICIAL EMERGENCY POLICY:</u>** In case of medical emergency and I understand that full effort will be made to reach me or my emergency contact. However, failing so, I give full permission for Red Woof Inn to make any needed decision concerning medical treatment of my dog(s). I authorize urgent veterinary treatment of my animal(s) and I understand that I will be fully responsible for all fees and charges incurred on my behalf. Red Woof Inn reserves the right to utilize the services of any available veterinary clinic I agree to reimburse Red Woof Inn for the cost of the medications.</u> **NATURAL DISATER POLICY:** In the event of a natural disaster (i.e. Hurricane, flooding, earthquake, etc.) I understand it is my responsibility to pick up my pet (or make arrangements for pick-up) in a timely manner and in accordance with any mandatory evacuations etc. I understand that Red Woof Inn will do everything reasonably possible to secure the safety of my pet during a natural disaster and I agree to indemnify, release and hold Red Woof Inn harmless of any and all liability related to any natural disaster of any sort.

SOCIAL MEDIA POSTINGS: From time to time Red Woof Inn will post pictures of dogs visiting their daycare. Please initial {____}} I permit Red Woof Inn to post pictures or videos of my dog.

Signature: _____Date: _____Date: _____

Please initial below statement as well.

{_____} I understand that prior to boarding my dog at Red Woof Inn my dog is

required to attend doggie daycare for a trial visit if they are 6 months old or older.

{_____} I have read and agree to adhere to Red Woof Inn's Client Safety Plan.

https://redwoofinn.ca/client-safety-1