



Tracy's Doggone Farm, L.L.C.



Doggie Daycare Release Form

Owners Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Other Cell: _____ Work Phone: _____

Dog's Name _____ Breed: _____ Age: _____

Colors and Markings: _____

Please Circle: Male or Female / Spayed or Neutered or Not of Age

(If not of age, note needs to be provided by vet if not spayed or neutered by 6months.) Note Provided: _____

Shot records received, checked and filed by: _____

Veterinarian Hospital: _____ Number: _____

Please list any issues like Illness, Recent Injuries, Previous Surgeries, Allergies, etc. _____

Who should be contacted for an emergency?

Name: _____ Phone Number: _____ ext: _____

If we are unable to get ahold of first contact who else would you like us to try:

Name: _____ Phone Number: _____ ext: _____

Please Read and Initial:

INITIALS _____ If in our judgment, your dog(s) requires immediate medical care we will attempt to reach you or your emergency contact, however we will also take your dog to an animal hospital to avoid any unnecessary suffering. The animal hospital may not be whom you generally use; instead we will reach out to the surrounding veterinarians in our immediate area to determine who has the ability to handle the issue at hand. We will ask them to only do what is necessary to stabilize your pet and minimize any pain and suffering until we are able to reach you. You agree to be solely responsible for the payment of all medical bills for your dog and you release Tracy's Doggone Farm, L.L.C., its owners and employees of and from any and all responsibility for claims, damages, debts, etc., arising out of or related to any such medical care, including, but not limited to, transportation to/from the veterinary clinic and choice of veterinarian and animal hospital.

INITIALS _____ Your dog must be healthy and current on all vaccinations and Fecal Testing. It is your responsibility to provide documentation before or at the initial visit and to also provide updated documentation as needed. For the safety of all our canine guests, we reserve the right to refuse service for any pet that is showing an expired vaccination in our files.

INITIALS _____ You understand that the Bordetella vaccination doesn't completely eliminate the chance of your dog contracting kennel cough. It helps reduce the severity of the illness if contracted. Kennel Cough is the canine version of the human cold and just as with children in daycare it can spread quickly regardless of all we do at Tracy's Doggone Farm, L.L.C. to maintain a clean and sanitary environment.

INITIALS _____ If your dog is exhibiting any symptoms that may suggest illness such as sneezing, coughing, wheezing, runny eyes or nose, vomiting or lethargy, please do not bring your dog to daycare. If we see any of these symptoms, we will segregate your dog to protect the health of the our other canine friends and we will call you to let you know what is going on and set up a time for you to come pick them up.

Pet Temperament and Behavior Information

Has your dog ever attended daycare? Yes / No

Has your dog ever been bitten or attacked by another dog? Yes / No (If yes, please explain)

Has your dog ever bitten a person or another dog? Yes / No (If yes, please explain)

Has your dog ever exhibited aggressive behavior towards people or other dogs? Yes / No
(If yes, please explain)

When your pet interacts with other dogs how would you describe him/her?

* Friendly *Indifferent *Submissive *Dominant *Aggressive

Would you describe or label your dog with any of the following? (Please circle all that apply)

Feces Eater Fence Jumper Digger Non-stop Barker Excessive Marking Excessive Mounting
Destructive Chewing Escape Artist Fear of Lightening/Thunder Nervous Toy / Food Aggression
Separation Anxiety Dominant Personality Submissive Personality Mouthing

Please Read and Initial:

INITIALS _____ Tracy's Doggone Farm, L.L.C. reserves the right to immediately change your dog's type of boarding/daycare if we believe it is necessary to protect the health and well-being of your dog, other dogs, and/or our staff. If your dog begins to show behavior different from the initial visit, we reserve the right to segregate your dog from the rest of the canine visitors.

INITIALS _____ You acknowledge and understand that there are certain risks involved in daycare and boarding, including but not limited to dog fights, dog bites to humans or other dogs and the transmission of disease. Additionally, any medical expenses will be your responsibility and you release Tracy's Doggone Farm, L.L.C. of any liability and charges.

INITIAL _____ You release, indemnify, and agree to hold Tracy's Doggone Farm, L.L.C. harmless from any and all manner of damages, claims, losses, liabilities, costs or expenses, causes of actions or suits, whatsoever in law or equity, (including, without limitation, attorney's fees and related costs) arising out of or related to the services provided by Tracy's Doggone Farm, L.L.C., except those that may arise from the sole gross negligence or intentional and willful misconduct of Tracy's Doggone Farm, L.L.C., including, without limitation, (a) any inaccuracy in any statement made by yourself or information provided by you to Tracy's Doggone Farm, L.L.C., (b) your dog(s), including but not limited to, the destruction of property, dog bites, injury and transmission of disease, and (c) any action by yourself which is in breach of the terms and conditions of this agreement.

INITIAL _____ This agreement covers the current relationship between Tracy's Doggone Farm, L.L.C. and yourself. Each time you bring your dog to Tracy's Doggone Farm, L.L.C., you affirm the terms of this Agreement, and the truthfulness and accuracy of all statements you have made in this Agreement.

INITIAL _____ I agree to come the minimal two days a week that are required to stay in the daycare program. I acknowledge that I am still charged the two days regardless unless pre authorized by a staff member of absents.

INITIAL _____ You indicate your agreement with all of the terms listed above.

SIGNATURE: _____ DATE: _____