

HOWL OF A GOOD TIME

BOARDING INFORMATION

DATES TO BOARD From _____ To _____ TODAY'S DATE _____

OWNER First Name _____ Last Name _____

OWNER ADDRESS Street _____

City _____ State _____ Zip _____

PHONES Home _____ Cell _____ Office _____

EMERGENCY Contact _____ Phone _____ E-Mail _____

DOG Name _____ Breed _____ Age _____

Weight _____ Color _____

SHOTS (DATES) Rabies _____ D.H.L.P. _____ Parvo _____

Bordetella _____ Heartworm _____ Flea/Tick _____

DOG LICENSE County _____ License # _____

VET Name _____

Address _____ Phone _____

Other Health _____

FOOD Amount _____/cups Times _____AM _____PM

FOOD PROVIDED BRAND _____ FOOD CHARGES (DAILY) _____

SERVICE(S) _____ PER _____

RATE(S) _____

TERMS AND SERVICES

1. All dogs boarding must be up to date on all shots and vaccinations.
2. All dogs entering any boarding, training or daycare program at Howl of a Good Time must have a current County dog license.
3. Howl of a Good Time will provide your dog with a safe and secure environment and will properly feed, brush, and groom your dog as needed. Dogs will not be taken off the property without permission from the dog's Owner while attending any boarding, training or daycare programs at Howl of a Good Time.
4. If at the end of any Howl of a Good Time boarding, training, or daycare program, a dog is left at the facility for more than 10 days after scheduled pick-up, Howl of a Good Time has the authority to re-home the dog without notice to the Owner. All boarding, training, and daycare fees will be due and payable by the Owner who signs this form.
5. Unless otherwise agreed to and/or determined to be in the dog's best interest by the Owner and Howl of a Good Time, all dogs will receive daily exercise and "free roam" of the fenced pastures. Stay-at-home or sedentary dogs sometimes experience muscle soreness when given normal exercise. By signing this form the Owner affirms that he understands this possible outcome and does not hold Howl of a Good Time responsible for any injuries the dog may suffer as a result of normal and customary exercise. The Owner also affirms that he has made Howl of a Good Time aware of any and all medical or health conditions that the dog currently has or has had.
6. By signing this form the Owner affirms that all facts and information regarding the Ownership of the dog, the dog's veterinary care, the dog's general health and habits, and exposure to any canine disease is true and accurate.
7. By signing this form the Owner affirms that he/she has read this form in its entirety and agrees with the contents.

HOW DID YOU HEAR ABOUT HGT?
HGT Website HGT Flyer From a Friend Google Other _____

OWNER SIGNATURE _____ DATE _____

Please use additional sheets of paper or write on the back of this form if more information is required.

HOWL OF A GOOD TIME

Evaluation Precondition

DOG'S NAME _____ TODAY'S DATE _____

When scheduling your dog for an evaluation, please be aware that it is the owner's responsibility to determine if the dog is physically fit and adequately skilled to board at Howl of a Good Time (HGT) and that it is the pet owner's responsibility to notify HGT of any limitations.

During your dog's evaluation, you are also responsible for supervising your dog. HGT staff are responsible only for the dogs under their care at the time of an evaluation.

WARNING OF RISK

Dog activities are intended to provide a fun and rewarding experience for a dog and its owner. However, despite careful and proper preparation, there is still a risk of injury to the dog, and even its owner. Dogs are pack animals and when "off lead" even the best-trained dogs may act instinctively and may be unpredictable. Understandably, not all hazards and dangers associated with dog activities can be foreseen. HGT has done everything in our power to limit any potential risk. Nonetheless, while you are at HGT facilities for an evaluation, you are responsible for your dog's actions and any results of such.

WAIVER AND RELEASE AND INDEMNIFICATION AGREEMENT

Please be aware that while at HGT for your evaluation and during pick up or drop off, you are expressly assuming the risk and liability and waiving and releasing all claims for injuries, damages or loss which you or your dog might sustain.

THANK YOU.

I recognize and acknowledge that use of this facility and the surrounding area for dog activities and participating in dog activities entails certain risks and I agree to assume the full risk of and responsibilities that my dog, myself or any person accompanying me might sustain. I have read and fully understand the above.

(PLEASE PRINT) Participant's Name _____ Date _____

Participant's Signature _____

HOWL OF A GOOD TIME

Evaluation Form

DOG'S NAME _____ TODAY'S DATE _____

Has your dog been in day care before? Yes___ No___

If yes, when, where, for how long and reason for leaving? _____

Has your dog been socialized with other dogs? Yes___ No___

Has your dog been socialized with men and women? Yes___ No___

Is your dog aggressive with strangers? Yes___ No___

Is your dog aggressive on walks towards people? Yes___ No___

Is your dog aggressive on walks towards other animals? Yes___ No___

Is your dog spayed or neutered? Yes___ No___

Does your dog have any allergies? Yes___ No___

If yes please list them. _____

Is your dog on a flea treatment? Yes___ No___

If yes what kind. _____

Please give the dates and expiration of the following vaccinations:

DHLPP: _____/_____

Bordetella: _____/_____

Rabies: _____/_____

Heartworm: _____/_____

Has your dog been in training classes and/or private training? Yes___ No___

If yes by whom, when, and for how long? _____

PROBLEMS? Please check any that apply.

Dog Aggressive___ People Aggressive___

Jumps Up___

Chews___

Digs___

Barks___

Runs Away___

Unruly___

Escapes___

High Jumper___

Shy___

No Obey___

Toy Possessive___ People Possessive___

Separation Anxiety___

Stool Eater___

Picky Eater___

House Soils___

Other (Explain, please) _____

Is there anything else we need to know about your dog? _____

How did you hear about us? _____