



REGISTRATION FORM

GUARDIAN/OWNER INFORMATION:

Name _____

Address _____ City _____ Zip _____

Cell/Primary Phone _____

Secondary Phone _____

Email _____

EMERGENCY CONTACT:

Name: _____

Primary Phone _____

DOG INFORMATION:

Name _____

Female _____ Male _____

Age _____ D.O.B. _____ Breed _____ Weight _____

Color _____ Spayed / Neutered / Not spayed or Not Neutered (circle one)

Age your dog was neutered/spayed _____

Microchip # _____ Company _____ Phone # _____

Veterinary Clinic _____

Address: _____ City, State _____

Veterinarian's Name _____ Phone # _____

NOTE: Guardian/Owner is required to provide a veterinary proof of Rabies, Distemper, Bordetella vaccines. Guardian/Owner must also provide veterinary proof of negative fecal exams.

Does your dog have any allergies? (Yes / NO) If yes, please explain.

Does your dog have any restrictions: (Yes / NO) If yes, please explain.

How long have you had your dog? _____

If adopted/rescued, do you have any back history?

Does your dog get along with other dogs and children? (Yes / NO) If no, please explain:

How does your dog react with visitors in the home?

Are there any types of dogs that your dog fears? (Yes / No) If yes, please explain:

Is there any type of people that your dog fears? (Gender, Behavior, Clothing, Hats) (Yes / No) If yes, please explain:

Has your dog ever growled, snapped, bitten a person or another dog? (Yes / No) If yes, what were the circumstances?

Does your dog growl or become aggressive around food and or toys? (Yes / No)

Does your dog share well with others? (Food, toys, beds, etc.) (Yes / No)

Has your dog played in groups with 7 or more dogs before? (Yes / No)

Initial _____

Has your dog played with any dogs OVER 15lbs? (Yes / No)

Has your dog played with any dogs UNDER 15lbs? (Yes / No)

Can your dog climb or jump a fence? (Yes / No) How high? _____

Are there any areas on your dog's body where he/she does not like to be touched? (Yes / No) If yes, what are those areas? _____

Does your dog know any tricks? (Yes / No) If yes, please elaborate _____

Are there any other behaviors we should be aware of?

Which of the following basic commands does your dog know? (please circle) SIT/ STAY/ COME

Persons Authorized to Drop Off and/or Pick up my dog(s):

Is your dog on any medications? (Yes / No) If yes, please name the medication and provide instructions.

FEEDINGS: Brand Name (owner provided) _____

Morning Feeding: Quantity _____

Afternoon Feeding: Quantity _____

Evening Feeding: Quantity _____

Feeding Special Instructions _____

PAYMENT METHOD; (Two credit cards required)

CC #1 (VISA / MASTERCARD) Number _____

Exp. Date _____ CID# _____

CARDHOLDER NAME _____

BILLING ADDRESS: _____

CC#2 (VISA / MASTERCARD) Number _____

Exp. Date _____ CID# _____

CARDHOLDER NAME _____

BILLING ADDRESS: _____

I, the undersigned, hereby acknowledge and agree that all the information provided in this Application is complete and accurate to the best of my knowledge. I further acknowledge and agree that I have read, understand and agree to all the terms and conditions contained in the Policies, Procedures and Release, Waiver of Liability, Assumption of Risk and Indemnification Agreement, as they may be amended from time to time, which are attached and fully incorporated into this application. I hereby execute the Agreement for my dog, myself, and my heirs, successors, representatives and assigns. I further attest that if I am not the sole owner or representative of the dog subject to this application, that my signature is enough to enter into this Agreement for and on behalf of any other owner or representative.

Guardian Signature _____ Date _____

Print Name _____

RAISE THE WOOF, LLC EMERGENCY MEDICAL TREATMENT AUTHORIZATION

Raise The WOOF will make every effort to contact you in any emergency situation with your dog before we transfer to a licensed veterinarian. This authorization gives associates of Raise The WOOF to act on my behalf in the event my dog needs medical attention.

I, _____ the owner, authorize a licensed veterinarian and their assistants, to administer treatment and perform procedures as are considered therapeutically and diagnostically necessary for the care of my dog, including administration of anesthesia. In the event that emergency treatment is required, I authorize the veterinary staff and their assistants to perform medical and surgical treatments necessary to preserve the life of my dog until I can be contacted for further approval.

I accept full responsibility for any and all financial responsibility for the treatment that my dog receives from the licensed veterinarian and their staff.

Max cost allowed per visit: \$ _____

I hereby release Raise the WOOF from any and all claims.

Dog's Name and Breed: _____

Owner's Signature: _____

Date _____

RAISE THE WOOF, LLC GUIDELINES and POLICIES

In consideration for my dog being permitted to attend Raise the Woof for daycare and/or overnight boarding, I agree to all the following policies, procedures, terms and conditions.

My dog has successfully completed the temperament evaluation (meet & sniff). He/she is at least (4) months old; he/she is spayed or neutered (if over six (6) months of age); is current on his/her Rabies, Distemper, and Bordetella vaccinations; is in good general health; He/She is on a monthly flea and tick preventative treatment; My dog is not aggressive towards people or other dogs; is not protective of toys, food or personal space; I understand that my dog will attend Raise the Woof with a quick release collar with name tag that also contains owner's contact information. I agree to have my dog on a leash when entering and exiting the premises. I have provided Raise the WOOF with a completed registration form, a hard copy of vaccination records from my dogs vet, and two (2) valid credit card numbers to keep in file.

FOOD GUIDELINES: I understand that I will label and measure out each meal for each day that my dog is at Raise The WOOF. My dog will eat in a kennel and will remain in kennel for one (1) hour to avoid bloat or sickness. Food can be provided for additional fee. I understand that I must request the food service from Raise the WOOF upon check in. I also understand that if my dog runs out of food, Raise the WOOF will provide food and the cost will be added.

MEDICINE ADMINISTRATION GUIDELINES: I understand that I will label and provide instructions for all medications. Raise the WOOF will attempt to administer medications as directed.

PERSONAL PROPERTY: I agree that Raise the WOOF is not responsible for lost, stolen or damaged personal property belonging to myself or my dog. I also understand and agree that my dog's collar may be removed in the play area to prevent injury to any dog. If my dog causes any damage to the facility or equipment, I agree to be fully responsible for the full cost of any repair or replacement.

FEES: I agree to pay for all of my dog's fees, services and products with the credit card I have provided on the Application or by cash or check at time of pickup after each visit at Raise the WOOF. I give my permission to charge any of the credit card numbers I provided on the Application for any unpaid fees, services or products. I agree to pay \$35 for returned checks.

RESERVATIONS: Reservations are not required but are recommended. Availability is based on a first come, first serve basis for all approved clients but we will do our best to accommodate everyone. Several reservations can be made at one time to guarantee availability. I understand that a daycare fee will apply to all boarders who are not picked up by 12pm on the day of departure. I understand that I am responsible for full payment on all reservations and no refunds will be applied for early pickup. Boarding reservations will require a 50% deposit.

BOARDING CANCELLATION: If you must cancel for any reason, you must do so BY NOON TWO (2) DAYS prior to the first day of stay to receive full deposit refund. Cancellations made after than time will be billed in full.

HOLIDAY BOARDING CANCELLATION: If you must cancel for any reason, you must do so BY NOON FOUR (4) DAYS prior to the first day of stay to receive full deposit refund. Cancellations made after that time will be charged in full. Dog care during the holidays are on high demand and we may be turning away guests because we have space reserved for your dog.

Initial _____

RAISE THE WOOF, LLC GUIDELINES and POLICIES

LATE POLICY: We close at 7pm. If you are late picking up your dog, a fee of \$1 per minute will be charged. If you know in advance that you will be arriving past 7pm, please call us so we may make the appropriate arrangements. The latest pickup is at 7:30pm, after that time your dog will be boarded, and an overnight charge will be incurred.

SICK DOG POLICY: I understand that Raise the WOOF reserves the right to turn away my dog if he/she is flea and/or tick infested or sick. I also understand that if my dog becomes ill while in the care of Raise the WOOF, he/she will be isolated, and I will be contacted and asked to pick up my dog.

BEHAVIOR: Raise the WOOF is not responsible or liable for animal behavior which results in injury to any dog/guest or pet care provider. If a Raise the WOOF pet care is harmed or injured by a dog/client, the client/owner accepts full responsibility for the cost of any necessary medical attention required by either the Raise the WOOF pet care provider or by the dog/guest.

ABANDONMENT: After 5 days of no call, no show for your dog, it will be considered abandonment. If you abandon your pet in our care, we have the right to report you to the appropriate authorities and potentially give your pet up for adoption. The parent will be held 100% liable for reimbursing Raise the WOOF for all expenses incurred during this time period.

IMAGES AND RECORDINGS: Owner agrees that photographs, recordings, or any other images, may be made of Owner and/or his/her dog(s) by Raise the WOOF LLC, its affiliates and that such may be used for any purpose without compensation, including but not limited to advertising, marketing and/or promotional activities. Owner hereby releases, assigns and transfers to Raise the WOOF LLC and its affiliates all rights that he/she may possess or claim to such images, recordings, etc.

Dog's Name and Breed: _____

Owner's Signature: _____

Date _____

RAISE THE WOOF, LLC

HEALTH AND TEMPERAMENT AGREEMENT

I agree and understand that in admitting my dog to Raise the WOOF that my dog is in good health, is current on all vaccinations and flea control and has not harmed or shown aggression or threatening behavior towards another dog and/or human.

I understand that in any cageless dog environment that there is an inherent risk of injury or illness from rough play and/or fights. Understanding this, I accept full responsibility and hold Raise the WOOF harmless for any dog injury, illnesses, death caused to my dog.

I agree that I am solely responsible for any harm caused by my dog to any other dog or human while my dog is in the care of Raise the WOOF. I agree not to hold Raise the WOOF and their associates liable for any injuries to my dog while in the care of Raise the WOOF.

I agree that I am solely responsible for any damages to the facility and or equipment caused by my dog.

I understand if my dog shows signs of illness, the dog will be isolated and will be asked to be picked up. I also understand if my dog shows repeated aggressive or menacing behavior that the dog will be moved to seclusion. If the behavior continues your dog may be asked to leave Raise the WOOF.

By signing this form, you acknowledge that you understand and accept the terms and conditions set forth by this agreement.

Dog's Name and Breed: _____

Owner's Signature: _____

Date _____