



GROOMING – DAYCARE – BOARDING

APPLICATION FORM

We are excited that your dog will be joining us here at Dog Oasis! Please fill out the following application forms below, save and email to info@dogoasis.com or fill out in store. **Please provide your pet’s vaccination records within 48 hours prior to your scheduled appointment** or have your veterinarian’s office email them ahead of your appointment.

Vaccinations we require: DHLPP, Rabies, and Bordetella

Owner/Guardian: _____ Cell: _____

Additional Owner: _____ Cell: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Email: _____

Emergency Contact: Name _____ **Cell:** _____

Veterinarian Name: _____ Hospital Name: _____

Phone Number: _____ City & State: _____

In the rare event of an emergency, you will be notified, and your dog will be taken to the nearest veterinarian _____ (Initial)

Pet 1 Name _____ Breed: _____ Birth Date: _____

Color _____ Weight: _____ Male/Female Spayed/Neutered:

Pet 2 Name _____ Breed: _____ Birth Date: _____

Color _____ Weight: _____ Male/Female Spayed/Neutered:

Pet 3 Name _____ Breed: _____ Birth Date: _____

Color _____ Weight: _____ Male/Female Spayed/Neutered:

Pet 4 Name _____ Breed: _____ Birth Date: _____

Color _____ Weight: _____ Male/Female Spayed/Neutered:

Contract Terms:

I, _____, hereby certify that my dog(s), _____

_____, is/are in good health, have not been ill with any communicable diseases or parasites in the last 30 days, and have not harmed or shown aggressive or threatening behavior towards any person or any other dog. I understand that Dog Oasis is relying on my representations regarding my dog’s health and behavior. I also have read and understand and agree to the following:

1. Inherent Risks. I understand that Dog Oasis is an open-play environment and because of this there are inherent risks, which even when closely monitored, may result in the following:

- 1.1.1 Transfer of communicable parasites or an illness such as, but not limited to, the Canine Papilloma virus also known as “puppy warts,” or an upper respiratory illness like Kennel Cough (Bordetella), which can be caused by a contagious bacteria or virus.
- 1.1.2 Injuries, usually benign, such as broken nails, sore pads, puncture wounds, abrasions and cuts, particularly in shorter coated breeds, etc.
- 1.1.3 Behavioral problems.

I also understand that if my dog(s) has/have grooming services, my dog(s) is/are at inherent risk for skin irritation, shampoo in eyes, risk of cuts, nicks, scratches, cutting of the nail quick, etc.

_____(Initial)

2. Pet Health Issues While at Dog Oasis

I understand that Dog Oasis is not a veterinary clinic and does not practice veterinary medicine. If health or behavioral problems develop with my dog(s), that these will be treated as deemed best by the staff of Dog Oasis within their sole discretion, and that I assume full financial responsibility for any and all expenses involved. If my dog(s) become(s) ill or injured, or is suspected to be ill or injured, or if for any other reason veterinary care is indicated, I authorize Dog Oasis to seek and provide veterinary care from my designated veterinarian or a veterinarian of their choice. If my dog’s condition is emergent, I understand Dog Oasis will seek care at the closest veterinarian office location. During my absence, Dog Oasis will be caring for my dog. In the event of an emergency, I authorize the release of all medical records pertaining to the medical needs of my dog(s) to Dog Oasis. I give representatives of Dog Oasis authorization to communicate with said veterinarian regarding, diagnosis, prognosis and treatment of my dog(s).

_____(Initial)

In the rare and unfortunate event that my dog becomes deceased while in Dog Oasis’s care, my dog will be taken to my designated veterinarian and maintained for pick-up or further instruction. If a necropsy is performed, I give permission for the veterinarian to release any and all findings to Dog Oasis. _____(Initial)

3. Liability Release.

I UNDERSTAND AND AGREE THAT I AM SOLELY RESPONSIBLE FOR ANY AND ALL ACTS AND BEHAVIOR OF MY DOG(S) WHILE IN THE CARE OF DOG OASIS, INCLUDING ANY HARM TO ANY OTHER DOG(S), ANY EMPLOYEES OR INVITEES OF DOG OASIS, OR TO THE EQUIPMENT, PHYSICAL PLANT, OR OTHER PROPERTY OF DOG OASIS CAUSED BY MY DOG(S) WHILE MY DOG(S) IS (ARE) PRESENT AT DOG OASIS.

I AGREE TO RELEASE, INDEMNIFY, AND HOLD HARMLESS DOG OASIS, ITS EMPLOYEES, OWNERS, REPRESENTATIVES, AND AGENTS WITH RESPECT TO ANY AND ALL HEALTH OR BEHAVIORAL PROBLEMS THAT DEVELOP IN MY DOG(S), LOSS, INJURY, DEATH, (INCLUDING THE INJURY OR DEATH OF A DOG), OR PROPERTY DAMAGE ARISING OUT OF MY DOG’S (S’) ATTENDANCE AND PARTICIPATION AT DOG OASIS, WHETHER OCCURRING ON DOG OASIS’S PREMISES OR ANYWHERE ELSE, AS A RESULT OF THE NEGLIGENCE OF DOG OASIS, ITS EMPLOYEES, OWNERS, REPRESENTATIVES, AND AGENTS, TO THE FULLEST EXTENT PERMITTED BY LAW. _____(Initial)

Grooming-Boarding- Daycare Application Form

4. Preventative Maintenance Commitment. I agree to maintain regular flea, tick, and heartworm preventative maintenance programs for as long as my dog(s) has/have active attendance and participation at Dog Oasis. _____ (Initial)

5. Crate Training. I authorize my dog(s) to be placed in a crate during grooming, and/or daycare. _____ (Initial)

6. Photography Release. Photographs or other graphic, sound, or other image, likeness, recording, etc., may be made of my dog(s) by Dog Oasis and that such may be used for any purpose without compensation, and I release to Dog Oasis all rights that I may possess or claim to such image, likeness, recording, etc. _____ (Initial)

7. Fees & Payments. Payment is required when services are rendered. If any amounts remain due after 30 days, Dog Oasis reserves the right to impose interest at the rate of 1.5% per month until paid. If Dog Oasis pursues collection proceedings, I will pay reasonable attorney's fees and costs of collection. _____ (Initial)

8. Hours of Operations & Late Pick-Up Fees. Please refer to our website for store hours, Services and Fees. We reserve the right to impose a late fee for dogs picked up after regular business hours. Unless previously arranged, pick-ups beyond 30 minutes of regular closing hours will be assessed an overnight boarding charge. _____ (Initial)

9. Severability. *If any one or more of the provisions in this Agreement are for any reason held by a court of competent jurisdiction to be invalid, illegal, or unenforceable in any respect, the invalidity, illegality, or unenforceability will not affect any other provision of the Agreement, which will be construed as if it had not included the invalid, illegal, or unenforceable provision.* _____ (Initial)

Refusal of Service. Dog Oasis has the right to refuse/ turn down service for any reason.

No pet may be abandoned at Dog Oasis. If a pet is left without any contact, instruction, or notification from the owner or guardian, and without any indication of the ability, willingness, or plans retrieve the pet then, after seven days after the scheduled end of a boarding stay or daycare visit, Dog Oasis, becomes the legal owner and guardian of the pet and will rehome or surrender the pet. _____ (Initial)

In the event the owner or guardian of said pet(s) decides to also use our boarding or daycare this will serve as a contract between Dog Oasis and the owner or guardian whose signature is listed below.

By signing this application/ agreement, the owner/guardian agrees to and acknowledges the accuracy of all information provided to Dog Oasis, from the Owner/Guardian.



I have read and understood all terms of this application/agreement.

Owner/Guardian Signature _____ Date _____

Owner/ Guardian Printed Name _____

PICK-UP PERMISSION LIST (other than owner/guardian)

Name: _____ Phone: _____

Name: _____ Phone: _____

I acknowledge that by listing this/these person(s) as authorized to pick up I am relieving Dog Oasis of all liabilities in giving this person my dog(s).

Signature: _____ Date: _____

Grooming-Boarding- Daycare Application Form

Appendix

Pet 1: Has your pet a history with of any of the following (Y/N):

- Altercation with a dog Prone to eating foreign objects Crate training
Growled/snapped at another dog/human Has bitten someone Fearful towards other dogs/humans
Ear Infections Eye Infections Allergies Tapeworms Heartworms
Canine Cough Heat Stroke Seizures
Issues/concerns Heart Vision Hearing Skin Hip/Bone

Disabilities. Please explain: _____

Current Flea and Tick Preventative: _____

Current Heartworm Preventative: _____

Any parts of your dog's body that they don't like to be touched? _____

Any other restrictions or concerns: _____

Pet 2: Has your pet a history with of any of the following (Y/N):

- Altercation with a dog Prone to eating foreign objects Crate training
Growled/snapped at another dog/human Has bitten someone Fearful towards other dogs/humans
Ear Infections Eye Infections Allergies Tapeworms Heartworms
Canine Cough Heat Stroke Seizures
Issues/concerns Heart Vision Hearing Skin Hip/Bone

Disabilities. Please explain: _____

Current Flea and Tick Preventative: _____

Current Heartworm Preventative: _____

Any parts of your dog's body that they don't like to be touched? _____

Any other restrictions or concerns: _____

Appendix

Pet 3: Has your pet a history with of any of the following (Y/N):

- Altercation with a dog Prone to eating foreign objects Crate training
- Growled/snapped at another dog/human Has bitten someone Fearful towards other dogs/humans
- Ear Infections Eye Infections Allergies Tapeworms Heartworms
- Canine Cough Heat Stroke Seizures
- Issues/concerns** Heart Vision Hearing Skin Hip/Bone

Disabilities. Please explain: _____

Current Flea and Tick Preventative: _____

Current Heartworm Preventative: _____

Any parts of your dog’s body that they don’t like to be touched? _____

Any other restrictions or concerns: _____

Pet 4: Has your pet a history with of any of the following (Y/N):

- Altercation with a dog Prone to eating foreign objects Crate training
- Growled/snapped at another dog/human Has bitten someone Fearful towards other dogs/humans
- Ear Infections Eye Infections Allergies Tapeworms Heartworms
- Canine Cough Heat Stroke Seizures
- Issues/concerns** Heart Vision Hearing Skin Hip/Bone

Disabilities. Please explain: _____

Current Flea and Tick Preventative: _____

Current Heartworm Preventative: _____

Any parts of your dog’s body that they don’t like to be touched? _____

Any other restrictions or concerns: _____