



GROOMING DOG ENROLLMENT FORM

We are excited that your dog will be joining us here at Dog Oasis! Please fill out the following forms below, save and email to info@dogoasis.com or fill out in store. Please bring vaccination records with you or your veterinarian's office may email them ahead of your appointment.

Vaccinations we require: DHLPP, Rabies, and Bordetella.

Owner(s) Profile

Parent #1: _____ Cell: _____

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

Home Phone: _____ Email: _____

Employer: _____ Work Phone: _____

Please check if you do not wish to receive updates and promotional offers via email from Dog Oasis

Parent #2: _____ Cell: _____

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

Home Phone: _____ Email: _____

Employer: _____ Work Phone: _____

Please check if you do not wish to receive updates and promotional offers via email from Dog Oasis

Veterinarian Info

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)

DOG ENROLLMENT FORM

Pet Profile

Dog's Name: _____ Breed/Description: _____

Date of Birth: _____ Weight: _____ Sex: Male Female

Color: _____ Spayed/Neutered: _____

Where did you acquire your dog? _____

Additional Info: _____ Date Acquired: _____

Does your dog have any known allergies to any pet grooming products? _____

Behavior

Altercation with a dog? _____ Prone to eating foreign objects? _____

Crate trained? _____ Growled/snapped at another dog/human? _____

Has bitten someone? _____ Fearful towards other dogs/humans? _____

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

Health History/Information

(Check all that apply)

Ear Infections: _____ Eye Infections: _____ Allergies: _____ Tapeworms: _____
Heartworms: _____ Canine Cough: _____ Heat Stroke: _____ Seizures: _____
Gastritis/Bloat: _____

Any issues concerning:

Heart: _____ Vision: _____ Hearing: _____ Skin: _____ Hip/Bone: _____

Surgeries: _____

Any other medical concerns? _____

Current Flea and Tick Preventative: _____

Current Heartworm Preventative: _____

DOG ENROLLMENT FORM

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 also have read and understand and agree to the following:

1. ***Inherent Risks.*** I understand that Dog Oasis, LLC 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 (Bordatella), 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.

2. ***Pet Health Issues While at Dog Oasis, LLC.*** If health or behavioral problems develop with my dog(s), that these will be treated as deemed best by the staff of Dog Oasis, LLC 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, LLC 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, LLC will seek care at the closest veterinarian office location. During my absence, Dog Oasis, LLC 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, LLC and all subsidiaries. I give representatives of Dog Oasis, LLC 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, LLC and all subsidiaries. _____ (Initial)

3. ***Liability Release.*** Dog Oasis, LLC and their team will not be liable for any health or behavioral problems that develop in my dog(s), and I hereby release them of any liability of any kind whatsoever arising from my dog(s) attendance and participation at Dog Oasis, LLC. I am solely responsible for any harm, including to any other dog(s), to the employees or invitees of Dog Oasis, LLC, or to the equipment, physical plant, or other property of Dog Oasis, LLC, caused by my dog(s) while my dog(s) is/are attending Dog Oasis, LLC.

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, LLC.

5. ***Crate Training.*** I authorize my dog(s) to be placed in a crate during boarding and/or daycare.

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

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

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8. Hours of Operations & Late Pick-Up Fees. Please refer to our brochure or website for store hours. We reserve the right to impose a late fee for dogs picked up after regular business hours. If your dog is not picked-up within 30 minutes of closing, we will assume that you are boarding and will impose an overnight boarding charge.



I have read and understood all terms of this agreement. PET PARENT

Signature _____ Date _____

Printed Name _____

PICK-UP PERMISSION LIST

Name: _____ Relation to dog(s): _____

Phone: _____ Email: _____

Name: _____ Relation to dog(s): _____

Phone: _____ Email: _____

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: _____