HOUND HOUSING

DOGGIE DAYCARE & BOARDING

CLIENT REGISTRATION FORM

Please complete all applicable fields. Notify Hound Housing promptly if any information changes.

OWNER INFORMATION

Owner Name(s):			Date:
Address:			
City:	State:	ZIP:	
Primary Phone:			Alternate Phone:
Email:			Alternate Phone:

EMERGENCY CONTACT & VETERINARIAN

Emergency Contact (other than owner):	Relationship:
Emergency Contact Phone:	
Veterinarian / Hospital:	Phone:

Dog 1 INFORMATION

Pet Name:		DOB/Age:
Breed:	Color:	☐ Male ☐ Female
Spayed/Neutered: ☐ Yes ☐ No	Flea/Tick Preventative:	Heartworm Preventative:
Allergies / Food Sensitivities:		
Known Health Conditions / Medical Issues:		
Current Medications:		
Has this dog ever bitten, attempted to bite, fought with, injured, or shown aggression/threatening behavior toward a person or animal? ☐ Yes ☐ No		
If YES, please explain what happened, when, and the circumstances:		
Other behavior or care information Hound Housing should know (anxiety, resource guarding, escape behavior, destructive behavior, mobility limitations, etc.):		

Dog 2 INFORMATION

Pet Name:		DOB/Age:
Breed:	Color:	☐ Male ☐ Female
Spayed/Neutered: ☐ Yes ☐ No	Flea/Tick Preventative:	Heartworm Preventative:
Allergies / Food Sensitivities:		
Known Health Conditions / Medical Issues:		
Current Medications:		
Has this dog ever bitten, attempted to bite, fought with, injured, or shown aggression/threatening behavior toward a person or animal? ☐ Yes ☐ No		
If YES, please explain what happened, when, and the circumstances:		

Other behavior or care information Hound Housing should know (anxiety, resource guarding, escape behavior, destructive behavior, mobility limitations, etc.):		

Dog 3 INFORMATION

Pet Name:		DOB/Age:
Breed:	Color:	☐ Male ☐ Female
Spayed/Neutered: ☐ Yes ☐ No	Flea/Tick Preventative:	Heartworm Preventative:
Allergies / Food Sensitivities:		
Known Health Conditions / Medical Issues:		
Current Medications:		
Has this dog ever bitten, attempted to bite, fought with, injured, or shown aggression/threatening behavior toward a person or animal? ☐ Yes ☐ No		
If YES, please explain what happened, when, and the circumstances:		
Other behavior or care information Hound Housing should know (anxiety, resource guarding, escape behavior, destructive behavior, mobility limitations, etc.):		

HOW DID YOU HEAR ABOUT US?

☐ Google ☐ Social Media ☐ Friend/Family ☐ Current Client ☐ Other: _____

IMPORTANT

Group-play selection, client authorizations, acknowledgments, initials, and signatures are completed on the Hound Housing File Copy at the end of this Registration Form. The information pages above may be copied/provided to the client.

HOUND HOUSING

FILE COPY - AUTHORIZATIONS, INITIALS & SIGNATURE

Hound Housing retains this page with the client's file.

GROUP PLAY ELECTION

Please select ONE:	Client Initials
☐ YES - I give permission for my dog(s) to be considered for supervised group play indoors and/or outdoors, subject to Hound Housing's evaluation, approval, and continuing safety determination. ☐ NO - I do NOT want my dog(s) to participate in group play. I understand my dog(s) will be cared for separately and will not participate in group daycare play. (Grandfathered Clients only, all others must pass a group play evaluation)	

CLIENT CERTIFICATION & CONTINUING DUTY TO UPDATE

By initialing below, I certify that I am the owner of the pet(s) listed on this Registration Form or am legally authorized to act for the owner; that the information I provided is complete and accurate to the best of my knowledge; and that I will promptly notify Hound Housing of changes to contact information, veterinary information, vaccinations, health, medications, behavior, aggression/bite history, or other information that may affect care or safety.

Client Initials:

POLICIES & CLIENT SERVICE AGREEMENT

I acknowledge that I have received or been provided access to Hound Housing's current Client Service Agreement, Policies & Procedures and agree that services are subject to those terms, including applicable policies regarding group play, health and vaccination requirements, emergency veterinary care, assumption of risk, release, indemnification, abandonment/failure to pick up, payment, and Hound Housing's right to refuse, suspend, or terminate services.

Client Initials:

REGISTRATION-SPECIFIC ACKNOWLEDGMENTS

I understand that Hound Housing relies on the accuracy of the medical and behavioral information I provide.	Initials:

I have disclosed known bite history, aggression, resource guarding, escape behavior, significant anxiety, and other safety-related behavior for each pet.	Initials:
I authorize Hound Housing to contact the veterinarian and emergency contact listed on this form when reasonably necessary for my pet's care or safety.	Initials:
I understand that signing this Registration Form does not itself approve a dog for group play; group-play participation remains subject to Hound Housing's evaluation and continuing approval.	Initials:

CLIENT & PET IDENTIFICATION

Client Name:	Date:
Pet Name(s):	

SIGNATURE

By signing below, I confirm that I have reviewed this Registration Form and the acknowledgments above, that the information provided is accurate and complete to the best of my knowledge, and that I agree to comply with Hound Housing's Client Service Agreement and applicable policies.

Client Signature:
Printed Name:
Date:

Note: The detailed release, assumption-of-risk, indemnification, emergency-care, and other legal terms are maintained in the separate Hound Housing Client Service Agreement rather than duplicated here. This helps keep both documents consistent when policies are updated.