



CLIENT ENROLLMENT FORM

Parent Info

Name: (last) _____ (first) _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile: _____ Work: _____

Email: _____ May we add you to our e-newsletter list? Y or N

Spouse/Partner Info:

Name: _____ Mobile: _____

Authorized Persons/ Emergency Contact:

Please list additional person authorized to pick up your pet or whom we can contact in an emergency.

Name: _____ Relationship: _____

Veterinarian Info:

Name: _____ Phone: _____

Club Member Info

Dog's Name: _____ Sex: ____ Spayed or Neutered (yes or no)? ____

Breed: _____ Colors/Markings: _____ Approximate Weight: _____ lbs.

Dog's Birthday: _____

How did you hear about Brooklyn Canine Club? _____



HEALTH PROFILE

For everyone's safety, your dog must be currently vaccinated against **Rabies, Distemper + Parvovirus** (DHPP), and **Bordetella** (NYC law requires Bordetella every 6 months or 1 year depending on the dosage provided by your vet). Please ask your vet to fax (718-745-5700) or email info@brooklyncanineclub.com your dog's vaccination records prior to your temperament test.

Does your dog have a pre-existing or current medical conditions or physical injuries? _____

If yes, please explain: _____

If your dog takes regular medication and will need it during their stay at The Club, please request a Medication Form in person.

Flea & Tick Control:

We require your dog to be on some form of flea and tick preventative product (i.e. Frontline, Advantix, etc.) We do not accept dogs wearing flea collars.

Is your dog on flea and tick preventative? _____



PERSONALITY PROFILE

Describe your dog's likes (belly rubs, etc.):

Describe your dog's dislikes:

Check any of the following words that describe your dog's personality: Outgoing Timid
 Affectionate Independent Dominant Nervous Submissive Confident
 Gentle Playful Excitable Clingy Mouthy Hyper Mischievous
 Sociable Well Behaved Aggressive Anxious

About Your Best Friend:

Rate on a scale of 0-10, 10 = most extreme
(ex. 0 = not at all, 5 = neutral, 10 = extremely well)

How well does your dog usually get along with other dogs?

How often does your dog bark?

How well does your dog listen at home?

Biting:

Has your dog ever bitten another animal or person? _____

If yes, please describe the incident:

Has this happened more than once? Y or N _____

Has your dog ever drawn blood? Y or N _____



PERSONALITY PROFILE

Feeding

At Brooklyn Canine Club we like to reinforce good behavior and may reward your dog with healthy snacks throughout the day.

Is this ok? (yes or no) _____

Is your dog allergic to any foods or treats or have any dietary restrictions? Y or N _____

If yes, what _____

Has your dog attended daycare before? (yes or no) _____

If yes, where and what did your dog like/dislike during their last visit at a day care



CREDIT CARD AUTHORIZATION FORM

Cardholder's Name: _____

- Check here if billing information is same as mailing address on Page 2, otherwise please fill out info below:

Billing Address: _____

Card Type (please circle): Visa Mastercard American Express Discover

Card Number: _____ Expiration Date: _____ CCV: _____

AUTHORIZATION AGREEMENT:

I authorize Brooklyn Canine Club (herein after referred to as BCC) to maintain my credit card information on file and charge purchases and services either at the time a reservation is made, a package is purchased or for service(s) rendered to my dog by BCC at the prices in effect at the time of services rendered. I also authorize BCC to use my credit card to charge me any late fees or additional fees resulting from my dog's stay with BCC at the conclusion of rendered services, emergency medical care fees. BCC may decline to provide services if a pre-charge or charge is declined for any reason

By signing below, I acknowledge that I have read and agree to the terms outlined above in the Authorization Agreement.

_____ **Signature of Cardholder** _____ **Date**



CLIENT SERVICE AGREEMENT

HEALTH AND BEHAVIOR

- I understand that Brooklyn Canine Club (and hereinafter referred to as BCC) reserves the right to refuse any services or the use of its facility for dogs who, in its sole determination, are unhealthy, act aggressively, are unruly, or who may otherwise be a threat or danger to themselves, humans, and/or other dogs.
- Proof of current vaccinations must be on file for Rabies, Distemper, Parvovirus and Bordetella. I understand that NYC Law requires dogs that visit daycare facilities to have Bordetella administered within the past 6 months or 1 year depending on dosage.
- My dog is in good health and has not been ill with a communicable illness in the last 14 days. My dog is free from any condition that could potentially jeopardize other guests.

INJURIES, VETERINARY AND EMERGENCY CARE

- I acknowledge that dogs are encouraged to socialize and exercise at BCC and that injuries may reasonably be foreseen to occur while my dog is visiting BCC.
- I acknowledge that I take responsibility for, and will not hold BCC liable for, any injury illness or ailment which my dog may incur while in the presence of other dogs at the facility or otherwise.
- I shall not hold BCC responsible monetarily or otherwise, for injuries to my pet that arise during the course of play, training, grooming, any BCC services, or anytime during my pet's visit to BCC.
- I shall hold BCC and its employees harmless from, make no claim against and indemnify BCC and its employees against any costs, damages, claims, or expenses (including vet fees, long-term care, or rehabilitation services) that may result from an injury or illness to my dog. I understand if presented with medical bills I'm responsible for paying.
- If my dog becomes ill or if the state of my dog's health otherwise requires professional attention, Brooklyn Canine Club, in its sole discretion may engage the services of our Resident Vet administer medicine, and/or give requisite attention to my dog.
- I understand that BCC will contact me first and then my emergency contacts if a critical medical situation arises. However, if BCC is unable to make immediate contact I give my consent to BCC to act on my behalf in obtaining emergency or any other care at my own expense if deemed necessary by BCC or its staff.

LIABILITIES

- I specifically represent that I am sole owner of my dog.
- Due to safety and staffing purposes, BCC reserves the right to charge a late fee for pick-ups after 15 minutes from closing hours or designated pick-up time.
- This contract contains the entire agreement between the parties.
- Any controversy or claim arising out of or relating to this contract, or breach thereof, or as a result of any claim or controversy involving the alleged negligence by any party to this contract, shall be settled by arbitration in accordance with the rules of the American Arbitration Court having jurisdiction thereof. The arbitrator shall, as a part of his/her award, determine an award to the prevailing party of the costs of such arbitration and reasonable attorney's fees of the prevailing party.
- By signing this contract and leaving my dog with BCC, I certify the accuracy of all the information I have provided to BCC relating to my dog.

PROMOTIONS/MARKETING

- I grant BCC permission to use any pictures taken of my dog(s) for business-related activities. I understand that this use may include advertising and marketing campaigns, website images, social media and other promotional use.

By signing below, I acknowledge that I have read and accept the terms and conditions stated above.

Print Name: _____ Signature: _____ Date: _____

Office Use Only

Authorized by: _____ Print: Name: _____ Date: _____