

FOR OFFICE USE ONLY:

Enrollment
form_____

Enrollment
fee_____

Shots
checked_____

Temperament

Computer
entry_____

Picture
taken_____

Folder
made_____

Please complete the following questions to the best of your knowledge. This information will help us maintain a safe and fun environment where your dog can spend his/her day. We are not only concerned about your dog's safety and health, but also the other dogs that will be at daycare or sleep over's and our staff that will be caring for your dog. Please take a few moments to tell us about yourself and your best friend. Thank you.

[Client Information](#)

Last Name _____ First
Name_____

Street address

_____ Apt#_____

City_____ State _____ Zip

Home Phone _____

Work Phone_____ Cell Phone

Email
address_____

Emergency contact
name_____

Emergency contact phone
number_____

Please list the name(s) of those authorized to drop off/pick up your dog
(We will only release your dog to the names listed below)

Please circle the days of the week you plan on bringing your dog to day care: M T
W TH F

The typical drop off time would be:

Your likely pick up time would be:

How did you hear about us?

Can we use photographs of your pet for advertising? Yes No

Dog's General Information

Dog's Name _____ Nickname _____
Breed _____ Age _____
Birth date _____ Please circle: Male Female
Is your dog spayed or neutered? _____ Date of surgery _____
Color _____
Weight _____
How long has your dog been a member of your family? _____
Where did you get your dog from? _____
Has your dog ever attended day care before? _____ If so, where?

Dog license number(rabies tag#) _____
Where does your dog typically sleep? cage floor furniture dog bed In bed with owners
What are your dog's favorite activities/toys?

Dog's Behavior Information

Has your dog had any basic obedience training?

Please circle known commands: sit down stay wait settle come off
Other known commands, hand signals, or tricks

What commands or behavior issues would you like us to work on or teach your dog?

How does your dog react to other dogs approaching when you're out on a walk?

When on a walk, does your dog frequently urinate or lift his leg often to mark territory?

Please check the following behaviors that apply to your dog:

- | | | |
|---|---|---|
| <input type="checkbox"/> separation anxiety | <input type="checkbox"/> toy/food possessive | <input type="checkbox"/> sensitive to touch |
| <input type="checkbox"/> excessive barking | <input type="checkbox"/> not housebroken | <input type="checkbox"/> escape behavior/runs away |
| <input type="checkbox"/> destructive/chewing | <input type="checkbox"/> mouthiness | <input type="checkbox"/> jumps on people |
| <input type="checkbox"/> coprophagia (eats stool) | <input type="checkbox"/> fear of loud noises
(thunder) | <input type="checkbox"/> climbs over/digs under
fences |

Does your dog have any sensitive areas on his/her body that he does not like touched?

How does your dog react to new people/dogs coming into your house?

Has your dog ever bitten another dog or person?

Has your dog growled or snapped at another dog or person?

Are you able to remove things from your dog's mouth?

Has your dog had any socialization with other dogs?

Is your dog fearful or aggressive around certain types of dogs or people?

When your dog has to go to the bathroom he/she will:

Bark whine sit by door pace around door ring bell on door

What phrase or word do you use as a command for your dog to eliminate? (such as "go potty")

Is your dog crate-trained? Yes No

Is your dog afraid of any specific items or noises? Yes No If
yes, please describe:

Are there any other special needs, comments, or information about your dog that you feel might be helpful for us?

Dog's Health Information

Veterinarian: Dr. _____ at
_____Clinic/Hospital
Address _____
Clinic phone number _____ Clinic fax number _____
Date of last complete physical
exam _____
Date of last fecal exam (stool sample check for intestinal parasites)

Vaccinations

Rabies	_____	Date Administered	_____	Date Due	_____
DHLPP	_____	Date Administered	_____	Date Due	_____
Bordatella	_____	Date Administered	_____	Date Due	_____

Is your dog on a flea prevention program? Yes No
Brand used and last date administered

Is your dog on heartworm prevention? Yes No
Brand used and last date administered

Does your dog have any hip/joint problems or activity restrictions? Yes No
If yes, please describe

Please describe your dog's general health. (I nclude any current medical conditions we should be aware of)

Does your dog have any known allergies or food restrictions?

Please list any current medications your dog is taking and the frequency and time administered.

(*Please note that you may be asked to sign a medical waiver of treatment.)

Is your dog allowed to have dog biscuits and training treats? Yes No

Instructions in case of an emergency:

- Take my dog to our veterinarian only
- Take my dog to the nearest animal hospital

In case of any emergency situation or injury, you will be contacted immediately. If immediate medical attention is required, we will transport your dog to your veterinarian, unless otherwise instructed by you.

If the situation is severe we will contact the closest animal hospital and transport your dog. There is no cost to you for transporting your dog. If the situation does not require immediate attention, you will be contacted and advised of the situation and we will follow your instructions.

OWNER'S SIGNATURE: _____ DATE: _____

The Pampered Pet Grooming Salon, LLC is devoted to providing a safe, fun and social atmosphere where your dog can enjoy structured daytime activities and exercise. In order to maintain a clean, healthy environment and promote your dog's well being, we require that your dog be on flea and heartworm prevention. We also require that all dogs 6 months and older be spayed or neutered. Your dog must also be current on all vaccinations.

As a guest of The Pampered Pet Grooming Salon, LLC, your dog will enjoy supervised exercise and activities within our home and outdoor yard area. Be ensured that dogs attending daycare will be placed in play groups with other dogs of similar size and temperament. Dogs will play together throughout the day with exception of the daily nap time. Please be aware that during naptime, your dog will be resting in a crate with fleece blankets, a treat and any special toys or food that you provide. In order to provide your dog with a positive learning experience while at daycare, we will reinforce your dog's good behavior and ignore unwanted behaviors such as jumping. Your dog will be given treats upon arrival, as a reward for good behavior, and at naptime, unless otherwise instructed by you. These treats are given in small bite-size quantities.

Please bring your dog in to the daycare and boarding with his collar and leash. Also, please bring any treats, snacks, toys, or food that you want your dog to get during naptime.

PLEASE READ THE FOLLOWING STATEMENTS and INITIAL EACH.

_____ 1. I understand that The Pampered Pet Grooming Salon, LLC has relied on my information provided and that my dog(s) is/are in good health, has not had any communicable condition in the last 30 days and has not harmed or shown aggression or threatening behavior towards any other dog or person.

_____ 2. I understand that I am solely responsible for, and hold The Pampered Pet Grooming Salon, LLC and their staff, NOT liable for any problem, harm or damage caused by my dog(s) or to my dog by another dog during his/her stay at the Doggy Daycare and Boarding, provided reasonable precautions and care are provided and I hereby release The Pampered Pet Grooming Salon, LLC from all liability of any kind whatsoever.

_____ 3. I understand that if any emergency situation or problem develops with my dog(s), The Pampered Pet Grooming Salon, LLC will provide treatment as deemed best by the staff, and I will assume full financial responsibility for any and all expenses involved in the treatment of my dog. I understand that the staff will contact me immediately for any emergency situations.

_____ 4. I understand that The Pampered Pet Grooming Salon, LLC reserves the right to refuse or revoke admittance to any dog that does not meet the temperament or health requirements set forth above.

I certify that I have read and understand the rules and policies of The Pampered Pet Grooming Salon, LLC and accept the terms and conditions of this agreement.

Owner's Signature(s)

Date

***Please note:** Prior to admittance, there could be an interview conducted to discuss your application and a temperament assessment of your dog will be performed. There could be a \$10.00, non-refundable, one-time fee per dog due at the time of the interview.

Daily registration will be on a first come, first serve basis. We require that you make reservations a minimum of 24 hours in advance to reserve the day(s) you wish to bring your dog to daycare and boarding.

Policy and Disclaimer:

The Pampered Pet Grooming Salon, LLC pledges to give appropriate care to all boarded pets. I will not hold The Pampered Pet Grooming Salon, LLC responsible for conditions that often are unavoidable in boarding environments such as, but not limited to, weight loss, rough hair, cough, bloat and sudden death. I acknowledge that in the event of my pet's illness, the staff at The Pampered Pet Grooming Salon, LLC may not be able to immediately contact me and is therefore authorized to initiate appropriate treatment of my pet(s) until I am available to discuss further care and costs with the attending veterinarian. I certify that my pet(s) appear to be free of contagious diseases, including external parasites and has/have not bitten anyone within the last 10 days. I understand that if my pets have been found to have external parasites, they will be treated and my account will be charged accordingly. I also certify that my pet is current on all required vaccination(s) and have provided

written documentation of same. I also certify that my pet is heartworm free and is on heartworm preventative medication during the high season (April – December). While your pet(s) is/are staying with us, he or she may come into contact with other pets, depending on the services you purchase. You acknowledge and agree that in the unlikely event that your pet is injured by another pet, you will not hold us responsible for the injury. If your pet(s) injure another pet, you will be solely responsible for any injury to either or both pets. I understand that if I fail to pick up my pet(s) within 10 days of notification to the above individual, my pet(s) will be considered abandoned and will be handled in accordance with the Missouri State Law and that doing so does not relieve me of my financial obligations. I have read the above agreement entirely and I am in full agreement.

Signature: _____ Date:

Printed Name: _____ Date: