

We are thrilled your dog will be joining the fun here at Dogtopia! Please fill out the forms below, save and email to your preferred location. You can find each Dogtopia location's email address on the Store Info page in the About Us section of their website. Please bring vaccination records with you or your veterinarian's office may fax or email them ahead of your appointment. *To our Mac friends: This form must be filled out and saved using Adobe Reader.*

## Pet Profile

Dog's Name: \_\_\_\_\_ Breed/Description: \_\_\_\_\_

Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_ Weight: \_\_\_\_\_ Color: \_\_\_\_\_

\_\_\_\_ Neutered Male \_\_\_\_ Spayed Female \_\_\_\_ Too Young Date: (Spay/Neuter) \_\_\_\_\_

*All dogs over the age of 7 months old, or those exhibiting early onset adolescence, must be spayed/neutered.*

Where did you acquire your dog: \_\_\_\_ Breeder \_\_\_\_ Rescue/Shelter \_\_\_\_ Re-homed \_\_\_\_ Found

Please specify: \_\_\_\_\_ Date Acquired: \_\_\_\_\_

### Behavior: (check all that apply)

\_\_\_\_ Has attended daycare \_\_\_\_ Goes to the dog park \_\_\_\_ Crate-trained

\_\_\_\_ Displays leash aggression \_\_\_\_ Displays separation anxiety \_\_\_\_ Has bitten someone

\_\_\_\_ Has formal training \_\_\_\_ Altercation with a dog \_\_\_\_ Can escape crate

\_\_\_\_ Fears: \_\_\_\_\_

\_\_\_\_ Prone to eating foreign objects: \_\_\_\_\_

\_\_\_\_ Lives with other household pets: \_\_\_\_\_

If necessary, please explain any behaviors listed above: \_\_\_\_\_

### Health History: (check any that have occurred in the last 6 months)

\_\_\_\_ Ear Infections \_\_\_\_ Eye Infections \_\_\_\_ Allergies \_\_\_\_ Gastritis/Bloat

\_\_\_\_ Heartworms \_\_\_\_ Tapeworms \_\_\_\_ Canine Cough \_\_\_\_ Heat Stroke

\_\_\_\_ Seizures

\_\_\_\_ Surgeries: \_\_\_\_\_

\_\_\_\_ Regular Medications: \_\_\_\_\_

Please explain any health conditions listed above: \_\_\_\_\_

### Preventative Health Maintenance: (please indicate brand used)

\_\_\_\_ Current flea and tick preventative: \_\_\_\_\_

\_\_\_\_ Current heartworm preventative: \_\_\_\_\_

Special words or phrases used with your dog: \_\_\_\_\_

Would you like cologne with spa or grooming services? \_\_\_\_ Yes \_\_\_\_ No

## Owner Information

**Owner #1 Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_

☐ Please check if you DO NOT wish to receive Dogtopia updates and special offers via email. We NEVER sell information to third parties.

**Cell Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

**Owner #2 Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_

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**Cell Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

### **Emergency Contact:** (if owner(s) cannot be reached)

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Relation to family:** \_\_\_\_\_ **Email:** \_\_\_\_\_

### **Veterinarian:**

**Veterinarian Name:** \_\_\_\_\_ **Hospital Name:** \_\_\_\_\_

**City & State:** \_\_\_\_\_

(In the event of an emergency, you will be notified and your dog will be taken to the nearest vet.)

### **Services Interested in:**

☐ Daycare ☐ Boarding ☐ Spa ☐ Grooming **Other:** \_\_\_\_\_

### **How did you hear about us?** (check all that apply)

<input type="checkbox"/> Community Event*	<input type="checkbox"/> Rescue/Shelter*	<input type="checkbox"/> Internet Search
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Article/TV News	<input type="checkbox"/> Veterinarian/Trainer*
<input type="checkbox"/> Drive-by	<input type="checkbox"/> Existing Client*	<input type="checkbox"/> Other*

\*Please Specify: \_\_\_\_\_

Do you know about our referral program rewards? ☐ Yes ☐ No

## Owner Agreement

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. I understand that Dogtopia is an open-play environment and because of this there are inherent risks, which even when closely monitored, may result in the following:
  - a. Transfer of a communicable illness such as, but not limited to Upper Respiratory illnesses, including Kennel Cough, also known as the Bordetella virus, "puppy warts" also known as the canine papilloma virus, or parasites.
  - b. Injuries, usually benign, such as broken nails, sore pads, puncture wounds, abrasions and cuts, particularly in shorter breeds, etc.
  - c. Behavioral problems.
  - d. Spa services, such as bathing, may cause skin irritation, shampoo in eyes, etc. For grooming services, dealing with sharp instruments carries an inherent risk of cuts, nicks, scratches, quicking of nails, etc.
2. If health or behavioral problems develop with my dog(s), that these will be treated as deemed best by the staff of Dogtopia within their sole discretion, and that I assume full financial responsibility for any and all expenses involved. If my dog(s) become ill or injured, or is suspected to be ill or injured, or if for any other reason veterinary care is indicated, I authorize Dogtopia to seek and provide veterinary care from my designated veterinarian or a veterinarian of their choice.
3. Dogtopia 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 Dogtopia.
4. I am solely responsible for any harm, including to any other dog(s), to the employees or invitees of Dogtopia, or to the equipment, physical plant, or other property of Dogtopia, caused by my dog(s) while my dog(s) is/are attending Dogtopia.
5. In the rare and unfortunate event that your dog becomes deceased in our care your dog will be taken to your designated veterinarian and maintained for pick-up or further instruction.
6. I authorize my dog(s) to be placed in a crate during boarding and/or daycare.
7. Photographs or other graphic, sound, or other image, likeness, recording, etc., may be made of my dog(s) by Dogtopia and that such may be used for any purpose without compensation, and I release to Dogtopia all rights that I may possess or claim to such image, likeness, recording, etc.
8. Payment is expected when services are rendered. If any amounts remain due after thirty days, Dogtopia reserves the right to impose interest at the rate of 1.5% per month until paid. If Dogtopia pursues collection proceedings, I will pay reasonable attorney's fees and costs of collection.
9. I have received, read, understood and agreed to the terms outlined in the Dogtopia document, "Boarding Information," which are made part of this agreement, and I have read and understood all terms of this agreement, including the following:

### Hours of Operation/Late Fees:

Please refer to our brochure or website for store hours. If your dog is not picked-up within 30 minutes of closing, we will assume that you are boarding and will impose a \$20.00 overnight charge.

### Electronic Signature:

By entering my full name below, I am acknowledging that I have read, understand and agree with the above. I understand that my typewritten name in the field below constitutes my electronic signature, which is equivalent to my legal handwritten signature.

\_\_\_\_\_  
Date: \_\_\_\_\_

## Pick-Up Permission List

Name: \_\_\_\_\_ Relation to dog(s): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to dog(s): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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 Dogtopia of all liabilities in giving this person my dog(s).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_