



DOGTOPIA DOG ENROLLMENT FORM

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.

Pet Parent Profile

Pet Parent #1: _____ Cell: _____

Address: _____

Home Phone: _____ Email: _____

Employer: _____ Work Number: _____

- ☐ Please check if you DO NOT wish to receive Dogtopia updates and special offers via email. We do not sell information to third parties.

Pet Parent #2: _____ Cell: _____

Address: _____

Home Phone: _____ Email: _____

Employer: _____ Work Number: _____

- ☐ Please check if you DO NOT wish to receive Dogtopia updates and special offers via email. We do not sell information to third parties.

Emergency Contact

(if owner(s) cannot be reached)

Name: _____ Phone: _____

Relation to Family: _____ Email: _____

Veterinarian

Veterinarian Name: _____ Hospital Name: _____

Phone Number: _____ City & State: _____

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

How did you hear about us?

(check all that apply)

- | | | | |
|---|--|--|---|
| ☐ Community Event* | ☐ Rescue/Shelter* | ☐ Internet Search | ☐ Advertisement |
| ☐ Article/TV News | ☐ Veterinarian/Trainer* | ☐ Drive-by | ☐ Existing Client* |
| ☐ Other* | *Please Specify: _____ | | |

Pet Services

Services Interested in:

☐ Daycare ☐ Boarding ☐ Spa ☐ Grooming ☐ Other: _____

If your dog is receiving spa or grooming services, would you like us to use pet-safe cologne? ☐ Yes ☐ No

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

Pet Profile

Dog's Name: _____ Breed/Description: _____
Date of Birth: _____ Weight: _____ Sex ☐ Female ☐ Male
Color: _____ Altered: ☐ Yes ☐ No ☐ Too young to neutered/spayed
(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
Additional Info: _____ Date Acquired: _____

What type of food is your dog fed? _____ How much? How often? _____
Does your dog have any know allergies? _____

Behavior & Animal Interactions

(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
☐ Fearful/Shown Aggression toward a dog or human ☐ Growled or snapped at another dog or human
☐ Climbed or Jumped a fence: _____ ☐ Allowed to play with toys in an open-play environment
☐ Dislike or fear of any particular kind of dog or human attribute (e.g. herding dogs, men, mustache, hats)? _____
☐ Can escape crate ☐ Fears: _____
☐ Prone to eating foreign objects: _____ ☐ Lives with other household pets: _____
If so, describe the dog's interactions with them: _____
If necessary, please explain any behaviors listed above: _____
How does your dog react to other dogs approaching when you're on a walk?
☐ On Leash: _____ ☐ Off Leash: _____
Any changes in your life that may affect your dog's behavior (e.g. new home, new pet, etc): _____
Any parts of your dog's body that they don't like touched: _____
How does your dog react to dogs that are much larger or much smaller? _____
Can food or toys be taken away from your dog without difficulty? _____
Special words or phrases used with your dog: _____

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: _____

☐ Does your dog have any medical condition or other instance that would make it necessary to limit their physical activity? _____

Preventative Health Maintenance: (please indicate brand used)
☐ Current flea and tick preventative: _____ ☐ Current heartworm preventative: _____



PET PARENT 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. Inherent Risks of Play, Spa & Grooming. 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 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, which can be caused by a contagious bacteria or virus.
- b. Injuries, usually benign, such as broken nails, sore pads, puncture wounds, abrasions and cuts, particularly in shorter coated breeds, etc.
- c. Behavioral problems.

I also understand that if my dog(s) has/have spa or 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 Dogtopia. 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(s) 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. During my absence, Dogtopia 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 Dogtopia Enterprises, LLC and all subsidiaries. I give representatives of Dogtopia 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 Dogtopia'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 Dogtopia Enterprises, LLC and all subsidiaries. _____(Initial)

3. Liability Release. 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. 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.

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 Dogtopia.

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 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.



7. Fees & Payments. Payment is required when services are rendered. If any amounts remain due after 30 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.

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: _____

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