



## 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.

Number of pets enrolling/enrolled at Dogtopia: \_\_\_\_\_

### 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)

- |   |  |  |   |
|---|--|--|---|
| <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: _____                         |  |   |



## 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. If my dog's condition is emergent, I understand Dogtopia will seek care at the closest veterinarian office location. 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



## **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? \_\_\_\_\_

May we offer your dog treats? ☐ Yes ☐ No

## **Behavior & Animal Interactions**

(check all that apply)

☐ Has attended daycare ☐ Toy play permitted in an open-play environment ☐ Allowed to have treats

Can food or toys be taken away from your dog without difficulty? \_\_\_\_\_

☐ Goes to the dog park ☐ Altercation with a dog ☐ Growled / snapped at another dog or human

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

☐ On Leash: \_\_\_\_\_ ☐ Off Leash: \_\_\_\_\_

How does your dog react to dogs that are much larger or much smaller? \_\_\_\_\_

☐ Crate-trained ☐ Displays leash aggression ☐ Can escape crate ☐ Climbs / Jumps fences\*\*

When crated, is your dog prone to rubbing his/her nose on crate or chewing on crate or tray? ☐ Yes ☐ No

☐ Displays separation anxiety ☐ Has bitten someone ☐ Has formal training

☐ Prone to eating stool or foreign objects\*\* ☐ Fearful/Shown Aggression toward a dog or human

☐ Dislike or fear of any particular kind of dog or human attribute (e.g. herding dogs, men, mustache, hats) \*\*

\*\* Please explain any behaviors listed above: \_\_\_\_\_

☐ Lives with other household pets. If so, describe the dog's interactions with them: \_\_\_\_\_

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: \_\_\_\_\_

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



### **Health History**

(check any that have occurred in the last 6 months)

- |   |   |                                      |  |                                     |
|---|---|--------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Eye Infections | <input type="checkbox"/> Allergies   | <input type="checkbox"/> Gastritis/Bloat | <input type="checkbox"/> Heartworms |
| <input type="checkbox"/> Tapeworms      | <input type="checkbox"/> Canine Cough   | <input type="checkbox"/> Heat Stroke | <input type="checkbox"/> Seizures        |                                     |

### **Additional Health Concerns**

- |  |                                 |                                  |                               |                                   |
|--|---------------------------------|----------------------------------|-------------------------------|-----------------------------------|
| <input type="checkbox"/> Heart   | <input type="checkbox"/> Vision | <input type="checkbox"/> Hearing | <input type="checkbox"/> Skin | <input type="checkbox"/> Hip/Bone |
| <input type="checkbox"/> Surgeries: _____  |                                 |                                  |                               |                                   |
| <input type="checkbox"/> Regular Medications: _____  |                                 |                                  |                               |                                   |
| <input type="checkbox"/> 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)

- |  |  |
|--|--|
| <input type="checkbox"/> Current flea and tick preventative: _____ | <input type="checkbox"/> Current heartworm preventative: _____ |
|--|--|

### **Pet Services**

Services Interested in:

- |                                  |                                   |                              |                                   |                                       |
|----------------------------------|-----------------------------------|------------------------------|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Daycare | <input type="checkbox"/> Boarding | <input type="checkbox"/> Spa | <input type="checkbox"/> Grooming | <input type="checkbox"/> Other: _____ |
|----------------------------------|-----------------------------------|------------------------------|-----------------------------------|---------------------------------------|

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

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