



## Application for Dog Care Services

To save time, you can print and fill out our application form before you arrive. Reservations are required and can be made by calling us at 303.473.9963. No dogs will be allowed to stay or play without vaccination records. You may deliver your completed application and vaccination records in person to Dog City or fax them to us at 303.440.6575. We look forward to serving you and your canine companion!

Today's Date: \_\_\_\_\_

Dog's name/s: \_\_\_\_\_

Guardian's name/s: \_\_\_\_\_

### Contact Information

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone/s: \_\_\_\_\_

Work Phone/s: \_\_\_\_\_

Other phone numbers: \_\_\_\_\_

Email (please write clearly!): \_\_\_\_\_

Please help save trees and allow us to communicate with you electronically. We will send our quarterly newsletter, *The Howl'd*, and important updates about dog health issues, dog behavior, classes, workshops, dog illnesses, foster dogs, and service changes. We will never sell or give our email list to anyone else.

### Emergency Contact (besides yourself):

Name \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Emergency contact phone: \_\_\_\_\_

### How did you hear of us?

\_\_\_\_\_ Referred by another customer \_\_\_\_\_

\_\_\_\_\_ Another pet professional \_\_\_\_\_

\_\_\_\_\_ Newspaper ad

\_\_\_\_\_ Street sign

\_\_\_\_\_ Dog City brochure

\_\_\_\_\_ Yellow pages

\_\_\_\_\_ Web site or the internet

\_\_\_\_\_ Not sure

\_\_\_\_\_ Other \_\_\_\_\_

**Dog #1**

Name \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_ Age \_\_\_\_\_  
Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_

Is your dog spayed or neutered? Yes/No (Circle one)

All dogs older than seven months must be spayed or neutered.

**Dog #2**

Name \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_ Age \_\_\_\_\_  
Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_

Is your dog spayed or neutered? Yes/No (Circle one)

All dogs older than seven months must be spayed or neutered.

**Veterinary Information**

Name of Clinic (REQUIRED): \_\_\_\_\_

Veterinary phone: \_\_\_\_\_ (we may have this in our data base)

Does your dog have any allergies or medical problems we should be aware of?  
\_\_\_\_\_

Does your dog take any medication? If so, what and for what purpose?  
\_\_\_\_\_

Are your dog's vaccinations up to date? Yes \_\_\_\_ No \_\_\_\_

Does your dog have the Bordetella vaccination? Yes \_\_\_\_ No \_\_\_\_ Unsure \_\_\_\_

**Behavior History** (feel free to elaborate on back side)

Date you acquired dog: \_\_\_\_\_ Where did you get your dog? \_\_\_\_\_

If adopted, do you know about your dog's history? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your dog act afraid of any specific items or noises? If so, please explain: \_\_\_\_\_  
\_\_\_\_\_

How does your dog react to strangers coming into your home? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any kinds of people your dog automatically fears or dislikes? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any kinds of dogs your dog automatically fears or dislikes? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How does your dog react to puppies? \_\_\_\_\_

Has your dog ever growled at a person or animal? \_\_\_\_\_ What were the circumstances?

Has your dog ever bitten a person or animal? \_\_\_\_\_ What were the circumstances?

Does your dog have any problems with any of the following- Y/N (if Yes, explain below)

\_\_\_\_ Mouthiness \_\_\_\_ Housetraining \_\_\_\_ Barking  
\_\_\_\_ Digging \_\_\_\_ Jumping Explain: \_\_\_\_\_

Has your dog ever shared his food/toys with other animals? \_\_\_\_\_

Has your dog had obedience training? \_\_\_\_\_ When and where? \_\_\_\_\_

Has your dog been socialized? \_\_\_\_\_

**OFFICE USE ONLY**

**Vaccination Records**

**Dog #1**

Name \_\_\_\_\_

Bordatella: Given \_\_\_\_\_ Due \_\_\_\_\_

Rabies: Given \_\_\_\_\_ Due \_\_\_\_\_

**Dog #2**

Name \_\_\_\_\_

Bordatella: Given \_\_\_\_\_ Due \_\_\_\_\_

Rabies: Given \_\_\_\_\_ Due \_\_\_\_\_

**Dog City appreciates your trust to care for your dog!**

## Day Care/Boarding/Grooming Contract and Consent for Treatment

I, \_\_\_\_\_, agree to the following terms and conditions relating to the day care, grooming and/or boarding of one or more of my dogs at Dog City, Inc. If it should become necessary for my dog/s \_\_\_\_\_ to receive professional medical treatment, I hereby give my permission for a licensed veterinarian to administer the medical treatment he or she deems necessary, including anesthesia. I understand every effort will be made to contact me in such an event. I understand that I am financially responsible for any and all costs resulting from veterinary care. In case of emergencies, Dog City, Inc. will take my dog to my vet or if unavailable to an emergency veterinary service for any treatment deemed necessary by the veterinarian if I cannot be reached by phone. In the event of death of my dog **(please initial)**, I do \_\_\_\_\_ /do not \_\_\_\_\_ request a post mortem examination be done by my veterinarian. I understand the body of my dog, in case of death, will be taken to my veterinarian or their designated provider. I release the owners and staff of Dog City, Inc. and the veterinary clinic from liability for any and all injuries or illnesses my dog may acquire during or after treatment.

I agree not to file legal charges against Dog City, Inc., their staff, directors, owners, or agents for any injury, death, or loss of my dog without first asserting my claim directly to Dog City, Inc. I hereby release Dog City, Inc., its staff, officers, owners and agents from all liability for any injury, death, or loss of my dog while in the custody of, or on the grounds or surrounding area of Dog City, Inc.

If my dog attends the day care and/or boarding, I understand that dogs may be corrected verbally, and perhaps physically (restricted for time outs or put on a leash), for misbehaviors such as aggressive barking, over arousal, growling, and snapping at humans or other dogs. I understand that the concept of dog day care is to socialize dogs by allowing them to interact with people and other dogs. All reasonable precautions and staff training are taken to safeguard the health and physical well-being of the dogs enrolled in the Dog City, Inc. day care and hotel. I understand that the Dog City, Inc. fences are six feet tall, and certain dogs can jump over or climb over a fence of this type. I understand that there are certain risks inherent in leaving my dog in the custody of Dog City, Inc., and that with the interaction of dogs there is a chance of injury.

In the event that my dog causes injury to another dog or person while at Dog City, Inc., I agree to indemnify and subrogate Dog City, Inc. from any legal action which may be filed. I hereby represent that I assume all financial liability for the actions of my dog, and agree to maintain personal liability insurance or financial resources adequate to pay for any injury or damage, which could be caused by my dog while it is in the care and custody of Dog City, Inc. By signing this agreement, I permit Dog City, Inc., its staff, officers, owners, or agents to accept reservations for future services without additional contracts or written authorization.

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Dog guardian signature: \_\_\_\_\_ Dog City, Inc: \_\_\_\_\_

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