



Dog's Retreat

APPLICATION / INTERVIEW

PARENTS INFORMATION

Name: _____ Email Address: _____
Address: _____ City, State, Zip: _____
Phone Home: _____ Work: _____ Cell: _____
Emergency Contact Name and Phone: _____

CANINE INFORMATION

Dogs Name: _____ Birth Date: _____ Weight: _____
Breed: _____ Color: _____ Sex: _____ (spayed/Neutered Required)
Veterinarian Contact Name: _____ Phone: _____

PROOF OF REQUIRED IMMUNIZATIONS

Rabies: _____ Distemper: _____ Bordetella: _____

SERVICES OF INTEREST

Day Care: _____ Boarding: _____ Grooming: _____ Training: _____

CANINE BEHAVIOR

How long have you owned your dog? _____
Has your dog ever jumped a fence? _____
Has your dog ever socialized with a large group of dogs? _____
Does dog show fear of thunderstorms? _____
Has your dog ever shown aggression? _____
Please specify any special diet or medications (All food/meds provided by owner) _____

Person authorized to pick up dog _____
Any additional information you would like to provide? _____
How did you hear about Dog's Retreat? _____

Signature of Owner: _____ Date: _____



Dog's Retreat

LIABILITY RELEASE

This agreement includes a release of liability and waiver of legal right to sue the owner of Dog's Retreat. Please initial your review and agreement to each statement below:

- _____ Dog's Retreat has the right to seek medical treatment for your dog in case of an emergency.
- _____ Dogs must be up to date on rabies, distemper and bordetella (proof is required).
- _____ Owner certifies that their dog does not have fleas or ticks.
- _____ Owner agrees to allow their dog to be photographed/video-taped for public viewing without notice to owner.
- _____ Dog must be spayed or neutered if six months of age or older (proof is required).
- _____ Dog must be leashed when entering and exiting Dog's Retreat. All dogs must have a quick release collar. No choke or buckle collars.
- _____ Owner must pick up dog at scheduled times.
- _____ Dog is not aggressive and has never injured or bitten. If my dog does cause injury, I agree to pay associated bills for the incident.
- _____ If an emergency, Dog's Retreat has the right to seek veterinary help or treatment at a different facility if owner's original veterinary can't be reached. All expenses will be paid by the owner of the dog.
- _____ Prices are subject to change. Payment is due on the day of service or on the last day of service for the week. Acceptable forms of payment are checks, cash, and most major credit cards.
- _____ If owner has any outstanding invoices, I authorize Dog's Retreat to charge my credit card.
- _____ If boarding your dog, you must bring your own food.
- _____ Owner has read the above terms and agrees with Dog's Retreat contract.

I agree to the above rules and conditions.

Signature of Owner: _____

Print Name: _____

Date: _____

Phone Number: _____