

# INN OF THE DOG

865 S.W. ENTERPRISE WAY, STUART, FL 34997 | (772) 288-1998 | FAX: (772) 288 4338 | 4innothedog.com

## Owner Information

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone (     ) \_\_\_\_\_ Cell Phone (     ) \_\_\_\_\_

E-mail address \_\_\_\_\_

Does anyone besides the owner, have permission to pick up your pet?  No  Yes, please provide names-

How did you hear about us? \_\_\_\_\_

## Emergency Contact Information Incase You Are Not Available

1. Name \_\_\_\_\_ Phone (     ) \_\_\_\_\_






2. Name \_\_\_\_\_ Phone (     ) \_\_\_\_\_

## Veterinary Information








Vet Name \_\_\_\_\_

Vet Practice \_\_\_\_\_ Phone (     ) \_\_\_\_\_

## Please Note the Following Requirements

-  All dogs must be current on DHLPP, RABIES, and BORDETELLA vaccinations. Bordetella should be administered within the past six months, and at least five days prior to daycare or boarding.
-  Proof of vaccinations is required
-  All dogs over the age of 10 months should be spayed or neutered in order to participate in daycare activities
-  All dogs must meet temperament criteria for participation in daycare activities
-  All dogs must be free of fleas and ticks and on preventative. If fleas and/or ticks are discovered on your dog while under our care, a flea/tick bath will immediately be given and you will be charged accordingly.

# INN OF THE DOG- WAVIER

-  As a condition of using our services for your pet(s) the following wavier & assumption to hold harmless must be signed every year from the date below.
-  I understand that I am solely responsible for harm or damage caused by my dog(s) while my dog(s) is under the supervision and care of Inn of the Dog and its employees.
-  I understand and agree that the Inn of the Dog has relied on my representation that my dog(s) is in good health, flea & tick free, and has not harmed or shown aggression or threatening behavior towards any person or any other dog.
-  I understand and agree that the Inn of the Dog and its staff will not be held liable for any problems that develop provided reasonable care and precautions are followed, and I hereby release the Inn of the Dog and its employees from any and all liability of any nature whatsoever arising from my dog's attendance and participation at Inn of the Dog.
-  I understand and agree that any problem that develops with my dog(s) will be treated as deemed best by staff of Inn of the Dog, in their sole discretion, and that I assume full financial responsibility for any and all expenses involved.
-  In the event of an emergency, I hereby authorize medical treatment be administered to my dog(s) by a veterinarian at my expense.
-  I understand that my dog may be at risk for cuts, scrapes, scratches, and/or bruises associated with daycare activities at Inn of the Dog.

Pet Owner Signature \_\_\_\_\_

Pet Owner Name(printed) \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**DOG**

Pet Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Breed \_\_\_\_\_ Sex \_\_\_\_\_

When was your dog spayed/neutered? \_\_\_\_/\_\_\_\_/\_\_\_\_

Does your dog's physical activity need to be restricted for any reason?  No  Yes, explain: \_\_\_\_\_

How does your dog act around other dogs? \_\_\_\_\_

Has your dog ever bitten a person or other animal?  No  Yes, explain circumstance: \_\_\_\_\_

Has your dog ever climbed/jumped a fence?  No  Yes, what height? \_\_\_\_\_

Does your dog share food/toys with others?  No  Yes

Has your dog ever growled/snapped at anyone taking away food or toys?  No  Yes

**Does your dog have any problems in the following:**

Frightened by Noises  No  Yes

Does your dog have any sensitive areas on his/her body?  No  Yes, explain: \_\_\_\_\_

Does your dog have any food allergies that you are aware of?  No  Yes, explain: \_\_\_\_\_

What type of food do you feed your dog? \_\_\_\_\_

Is your dog allowed treats, biscuits, bones?  No  Yes

Please list any type of bone/treat/toy you do not want your dog to have \_\_\_\_\_

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