

DOG INFORMATION

Dog Name

Date of Birth

Breed(s)

Neutered/Spayed?

Yes No

Color(S)/Approximate Weight

Gender

Male Female

PERSONALITY PROFILE

Is your dog friendly with other dogs? Yes No

Is your dog friendly with strange people? Yes No

Has your dog ever bitten or been bitten?
If yes, please explain: Yes No

Please tell us about your dog's favorite . . .

Toys: _____

Treats: _____

Games: _____

Anything! _____

Is there anything else we should know about your dog?

FEEDING INFORMATION

Desired Feeding Times

Morning (24-hr. only) Midday Evening

Your dog's regular diet

Dry: _____

Wet: _____

Do you have any special feeding-related instructions for us?

HEALTH INFORMATION

Does your dog have any chronic medical conditions? If yes, please explain:

Does your dog take any regular medications?

Yes No

Medication

Days

Mo	Tu	We	Th	Fr	Sa	Su
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Dosage

Time(s)

Medication

Days

Mo	Tu	We	Th	Fr	Sa	Su
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Dosage

Time(s)

Vaccination expiration dates:

Rabies

Parvo

Distemper

Bordatella

Is your dog accustomed to vigorous physical activity? Yes No

Usual means of exercise:

Dog Runs Individual Walks

Group Walks Other: _____

Does your dog have any health concerns that prohibit the use of choke collars?

Yes No

The Dog House

1255 North Main St.
Providence, RI 02906
(401) 455-DOGS (3647)



OWNER INFORMATION

First Name(s)

Last Name(s)

Company

Address

No.	Street	Apt#
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City	State	Zip	-	
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Home Phone

Business Phone

Cellular Phone

Fax Number

E-Mail Address

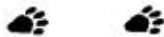
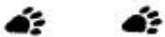
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How did you hear about
The Dog House?

- Referral _____
- Phone Book
- Internet
- Veterinarian
- Print/Media Advertising
- Other _____

What services are you interested
in at The Dog House?

- Supervised Care
- Dog Walking
- Training



Emergency Contacts / Other individuals authorized to pick up your dog

Name

Phone

Name

Phone

Name

Phone

Name

Phone

Veterinarian Information

Veterinarian / Clinic Name

Phone

POLICIES AND RULES

1. The Dog House is open for supervised care Monday thru Friday, 8:00 AM to 6:00 PM. Closed New Year's, Memorial Day, 4th of July, Labor Day, Thanksgiving and Christmas.
2. Owners must provide proof of current distemper, parvo, rabies and bordatella vaccinations.
3. The Dog House reserves the right to refuse use of its facilities and services to dogs that, in its sole determination, are unhealthy, act aggressively, are undisciplined, behave inappropriately, or may otherwise be a danger to themselves or other animals.
4. Dogs must have secure collars or harnesses to wear during their stay at The Dog House. All dogs must also have an ID tag attached to their collars or harnesses.
5. Dogs will be taken out for walks, during which dogs will wear such choke collars and leashes as The Dog House deems appropriate for maximum safety.
6. The Dog House may give dogs a healthy snack during their stay. If your dog is to be fed a meal, Owner must provide food, with proper labels and written instructions.
7. The Dog House will administer only topical and/or oral medications that are properly labeled with written instructions.
8. Owners undertake responsibility for, and will not hold The Dog House liable for, any illness or ailment that their dogs may contract or incur while in the care of The Dog House.
9. Owners are aware of and acknowledge that dogs are encouraged to socialize and exercise at The Dog House and that injury to their dogs can be reasonably foreseen to result from playing while in the care of The Dog House. Owners agree to assume the risks that might be expected to arise from such activities.
10. Owners agree that The Dog House shall not be responsible, monetarily or otherwise, for injuries to their dogs caused by the presence or actions of other dogs that may arise in the course of play. Owners agree to hold The Dog House and its employees harmless from, make no claim against, and indemnify The Dog House and its employees against any costs, damages, claims, or expenses (including veterinarian fees) that may result from an injury or illness to their dogs, or to another dog, if caused by their dogs. **Owners acknowledge that their agreement not to hold The Dog House responsible for the payment of veterinarian fees is of the essence of this agreement and that The Dog House would not agree to care for their dogs without this inducement.**
11. If, in the absence of its Owner, a dog should be injured, become ill, or is otherwise deemed by The Dog House to require immediate veterinary attention, The Dog House is authorized to consult with and utilize the services of a licensed veterinarian. Owners will be responsible for any charges with respect to any such veterinary care. Owners authorize The Dog House to have full access to their dog's veterinarian records and medical history.
12. The Dog House is a member of and is insured by Pet Sitters Associates LLC, 2924 Northwinds Drive, Eau Claire, WI 54701.
13. Owner acknowledges receipt of printed list of Rates for all The Dog House services, late fees, and cancellation charges.
14. **By signing below, I acknowledge that I have read and accept the terms and conditions stated above.**

Signature _____ Date _____

Print Name _____ Dog's Name _____