

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 them ahead of your appointment.

## Pet Profile

**Dog's Name:** \_\_\_\_\_ **Breed/Description:** \_\_\_\_\_

Neutered Male    Spayed Female   Date: (Spay/Neuter) \_\_\_\_\_

**Birthdate:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Color:** \_\_\_\_\_

**Where did you acquire your dog:**    Breeder    Rescue/Shelter    Re-homed    Found

Please specify: \_\_\_\_\_

**Behavior:** (check all that apply)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Has attended daycare      | <input type="checkbox"/> Goes to the dog park                    | <input type="checkbox"/> Crate-trained      |
| <input type="checkbox"/> Displays leash aggression | <input type="checkbox"/> Displays separation anxiety             | <input type="checkbox"/> Has bitten someone |
| <input type="checkbox"/> Has formal training       | <input type="checkbox"/> Has had an altercation with another dog |   |

Fears: \_\_\_\_\_

Prone to eating foreign objects: \_\_\_\_\_

Lives with other household pets: \_\_\_\_\_

**Health History:** (check any that have occurred in the last 6 months)

- |   |  |   |                                       |
|---|--|---|---------------------------------------|
| <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Allergies       | <input type="checkbox"/> Worms (heart/tape) | <input type="checkbox"/> Canine Cough |
| <input type="checkbox"/> Eye Infections | <input type="checkbox"/> Gastritis/Bloat | <input type="checkbox"/> Heat Stroke        | <input type="checkbox"/> Seizures     |

Surgeries: \_\_\_\_\_

Regular Medications: \_\_\_\_\_

Please explain any health conditions listed above: \_\_\_\_\_

**Preventative Health Maintenance:** (please indicate brand used)

Is currently taking a flea and tick preventative: \_\_\_\_\_

Is currently taking a heartworm preventative: \_\_\_\_\_

## Owner Information

**Name(s):** \_\_\_\_\_ **Dog's Name:** \_\_\_\_\_

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

\_\_\_\_\_

Email : \_\_\_\_\_

Please check if you DO NOT wish to receive Dogtopia updates and special offers via email.  
We NEVER sell information to third parties.

**Phone(s):** \_\_\_\_\_  home  work  cell

\_\_\_\_\_  home  work  cell

### Emergency Contact: (if you cannot be reached)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Veterinarian:

Name of Animal Hospital: \_\_\_\_\_

City & State: \_\_\_\_\_  
(in the event of an emergency, you will be notified and your dog will be taken to the nearest vet.)

### Services Interested in:

Daycare  Boarding  Spa  Other: \_\_\_\_\_

### How did you hear about us?: (check all that apply)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Community Event*      | <input type="checkbox"/> Shelter/Rescue*  | <input type="checkbox"/> Advertisement*              |
| <input type="checkbox"/> Internet Search       | <input type="checkbox"/> Drive-by         | <input type="checkbox"/> Saw Brochure/Business Card* |
| <input type="checkbox"/> Veterinarian/Trainer* | <input type="checkbox"/> Existing Client* | <input type="checkbox"/> Other*                      |

\*Please Specify: \_\_\_\_\_

\_\_\_\_\_

Do you know about our referral program rewards?  Yes  No

## Owner 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. 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 a communicable illness such as, but not limited to, "kennel cough," also known as the Bordatella virus, "puppy warts" also known as the canine papilloma virus, or parasites.
  - b. Injuries, usually benign, such as broken nails, sore pads, puncture wounds, abrasions and cuts, particularly in shorter coated breeds, etc.
  - c. Behavioral problems.
2. 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.
3. Dogtopia® and their staff 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®.
4. 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®.
5. 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.
6. Payment is expected when services are rendered. If any amounts remain due after thirty 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 attorneys fees and costs of collection.
7. I have received, read, understood and agreed to the terms outlined in the Dogtopia® document, "Boarding Information," which are made part of this agreement, and I have read and understood all terms of this agreement, including the following:

### Hours of Operation/Late Fees:

**Please refer to our brochure or website for store hours. We impose a \$10.00 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 a \$20.00 overnight charge.**

### Electronic Signature:

**By entering my full name below, I am acknowledging that I have read, understand and agree with the above. I understand that my typewritten name in the field below constitutes my electronic signature, which is equivalent to my legal handwritten signature.**

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