**Pets Name or Names:**

**Owner’s Name:** **Date:**

**Address:**

**City:** **State:** **Zip Code:**

**Phone Numbers if we need to contact you:**

**Home:** **Work:** **Cell:**

**Email: Please provide email for Confirmation emails for bookings, Specials & Closings.**

**Email:**

**Emergency Contacts if we can’t reach you**

**Emergency Contact Name:**

**Emergency Contact Phone:** **Cell:**

**Your Dog (s) will only be released to someone other than yourself if they are listed below.**

**Name:**   **Name:**

**Health History: Check any that have occurred in the last 6 Months**

**Ear Infections** [ ]  **Allergies** [ ]  **Worms** [ ]  **Canine Cough** [ ]  **Eye Infection** [ ]

**Gastritis / Bloat** [ ]  **Heat stroke** [ ]  **Seizures** [ ]  **Surgeries** [ ]

**Does your dog / Pet take regular Medications? Yes** [ ]  **No** [ ]

**If Yes, We will fill out medication Chart When you arrive.**

**What Flea Control Does your dog take?**

**All dogs / Pet must be on control.**

**Is your dog / Pet Spayed or Neutered? Yes** [ ]  **No** [ ]

**Does your dog / Pet have any physical limitations? Yes** [ ]  **No** [ ]  **If Yes, Please Explain Below.**

**Is your Dog Spayed or Neutered? Yes** [ ]  **NO** [ ]

**Pet Personality Profile**

**Please Fill out Questionnaire to the best of your ability to help The Woof Lodge Staff get to know your dog / Pet better.**

**Dogs/ Pet Name:**

**Birthdate:**   **Sex: Male** [ ]  **Female:** [ ]

**Breed:**   **Color:**   **Weight**

**Veterinarian Name:**   **Veterinarian Phone Number:**

**How long have you had your dog/ Pet?**   **Where did you get your dog?**

**Is your dog / Pet toy or food possessive? Yes** [ ]  **No** [ ]

**Has your dog / Pet ever bitten another dog or person? Yes** [ ]  **No** [ ]  **If Yes, Please Explain**

**Is there any type of Person, animal, that your dog/ Pet is uncomfortable with?**

**Is there any area your dog / Pet doesn’t like to be touched?**

**Has your dog socialized in large groups before? Yes** [ ]  **No** [ ]

**Does your dog/ Pet play well with other dogs/ Pet? Yes** [ ]  **No** [ ]

**Does your dog / Pet have any problems in any of the following areas? Please Check Box**

**House Training?** [ ]  **Digging?** [ ]  **Jumping?** [ ]  **Barking?** [ ]

**Being Destructive, Chewing Bedding or other objects?** [ ]  **CHECK IF NONE** [ ]

**Has your dog / Pet boarded before? Yes** [ ]  **No** [ ]

**If so, did your dog / Pet experience Separation anxiety? Yes** [ ]  **No** [ ]

**Rules and Regulations (The Woof lodge LLC. requires all customers to comply)**

* **All dogs/Pets participating In- play-care must be NON-Aggressive and NON- Toy protective.**
* **I understand that by admitting my dog or dogs/Pets to THE WOOF LODGE LLC. I am giving permission for my dog (s) /Pets to play and socialize with other dogs /Pets unless specifically stated not to be around other dogs /Pets.**
* **All dogs must be spayed or Neutered if 6 months of age or older.**
* **Puppies must be 8 weeks or age or older and must have completed the Parvo -Vaccination series and had their Rabies Shot documentation from the veterinarian will be required at admittance.**
* **Verification of required vaccinations are Rabies ( 1-3 years ) Bordetella (e very Year ) DHLLP ( 1 or 3 Years )**
* **All dogs must be on a leash and wear a collar.**
* **Dogs must be using a Vet- approved Flea Control ( Proof is a must )**
* **We encourage dogs to use a worm preventative such as Heart Guard, Interceptor, or Sentinel.**
* **Dogs/Pets that have been sick in the past 30 days will require a vet. Certification of health.**
* **Food brought to The Woof Lodge LLC. must be in air tight container labeled with dogs /Pets name and instructions to administer.**
* **I agree to pay for all services at the time they are rendered. I understand that the Woof Lodge LLC. reserves the right to impose the interest at the rate of 1.5% per month on any unpaid services until paid. If the Woof Lodge LLC. pursues collection Proceedings, I will pay reasonable attorney’s fee and cost of collection.**
* **I am solely responsible for any harm, including to any other dog or dog’s /Pets , to the employees or invitees of The Woof Lodge LLC , or to the Equipment, physical Location, or other property of The Woof Lodge LLC. caused by my dogs/Pets attendance and participation at The Woof Lodge LLC..**
* **I agree that my dog or dogs/Pets may be photographed, videotaped, and or recorded. The Woof Lodge LLC. shall be the exclusive owner to the results and all proceed of such tapings, photography, and recordings with the rights throughout the world, and unlimited number of times in perpetuate, to copyright, to use and to license to others in any manner. Owner further agrees that their Pet may be used in any and all media and in the promotion, advertising, sale, publicizing, and exploitation of The Woof Lodge LLC.**
* **Other Fees and Conditions may apply.**
* **Owner / Guardian: You must sign again when you arrive for Check in.**

**Owner Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **E-Sign:**  **Date:**

**Veterinary Release and Payment Agreement**

**I have given my permission for The Woof Lodge LLC. to seek medical care for my Dog or (Pet) \*\*Pets NAME HERE\*\***

**Should it become Necessary, during their doggie play-care, lodging, or grooming stay at**

**The Woof Lodge LLC.**

**I understand that when possible, I will be consulted prior to my dogs /Pets receipt of veterinary treatment. I also understand that there may be times when The Woof Lodge LLC & employees or a NC license veterinarian feel that is in the best interest of my dog to seek immediate treatment without waiting for my authorization.**

**By Signing this document, I am authorizing any NC licensed Veterinarian to perform any treatments they deem necessary to protect the health and well-being of my pet. I further agree to accept financial responsibility for any Veterinary care, treatment, and medications given to my pet during their stay at**

**THE WOOF LODGE LLC.**

**You will Sign name again when you arrive for your pets stay.**

**Owner / Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Name**

**Owner / Guardian E-sign:**   **Date:**

**Feeding and Medication Instructions**

Please Let The Woof Lodge LLC. Know how we will feed your Dog or Pet .We **do not** supply Food anymore, you must bring your own. Wet / Can Food or Dry. Cats- You must supply as well. **Make sure all food is in a sealable Container and Labeled with your pets name on it.**

**When do you want your pet fed?**

 (Please check all that apply)

**Only A.M.** [ ]  **Only P.M.** [ ]  **Twice Daily** [ ]

**Please answer below about your pet’s food.**

Dry Food Brand: Amount:

Wet Food Brand & How Much:

Your Treats: Please Specify how many per day

Can Woof Lodge Give your dog treats while staying with us? Yes [ ]  No [ ]

 We do not give rawhide only Cookies!

**Special Instructions for food or treats you may have?**

**List any Medications and Instructions Here:**

**1:**   **How many times a day? 1X** [ ]  **2X** [ ]  **3X** [ ]

**2:**   **How many Times a day? 1X** [ ]  **2X** [ ]  **3X** [ ]

**3:**   **How many Times a day? 1X** [ ]  **2X** [ ]  **3X** [ ]

**4:**   **How many Times a day? 1X** [ ]  **2X** [ ]  **3X** [ ]

**Special Instructions for giving Medications?**Click here to enter text.