



Pet Care Agreement

Dog info

Dogs name:	
Date of birth/age:	
Sex:	Spayed/neutered:
Breed:	
Medical conditions:	

Human info

Name:
Day phone:
Evening phone:
Cell phone:
Address:
Email address:

Emergency info

Emergency contact (primary):	
Phone:	Phone:
Secondary contact:	
Phone:	Phone:
For boarding clients, phone number where you can be reached:	



Terms and conditions

- Shots: all pets must have up-to-date vaccinations per your vet's recommendation as well as a current fecal and flea treatment. Vaccine and fecal info must be provided prior to 1st visit.
- Health: All pets must be in good health. Owners will need to certify that their pet(s) are in good health and are free from any conditions that could potentially jeopardize other guests.
- Veterinary care: Your dog may need immediate medical attention by a veterinarian while at Woof Woof Woods. If any such occurrence arises with your dog, we will seek medical care at Penn Cove Veterinary Clinic, unless directed by you. We will make every attempt to reach you; otherwise we will follow your directions as written on enrolment form. Any charges incurred for the treatment of your dog must be paid in full when you pick up your dog.
- Payment: Payment due upon pick up of your pet. Cash and checks accepted. All NSF checks will be assessed a \$35.00 handling fee.
- Reservations: Boarding reservations are required. Boarding space is limited so it is recommended you book in advance. 24-hour notice is required for daycare and again space is limited.
- General info: All dogs must arrive on leash with a collar or harness. No choke or prong collars are allowed for safety reasons. Toys will be provided so please do not bring toys from home. The dog's owner must supply meals and any special medications.

Printed Name:

Signature:

Date:



Medical Illness Policy

If your dog becomes ill or injured, we will make every attempt to reach you regarding the problem, treatment options and estimate of costs. If you or your emergency contact cannot be reached, please indicate your wishes below should your dog require treatment to relieve discomfort or to resolve an important medical condition. In case of emergency and your vet cannot be reached Penn Cove Veterinary Clinic will be used.

____ In the event of a medical emergency, I agree to allow Woof Woof Woods to seek medical treatment from Penn Cove Veterinary Clinic. I further agree that I am financially responsible for any medical treatment my dog receives as a result of a medical emergency while attending Woof Woof Woods.

____ Please perform whatever services the doctor deems necessary for the best care of my dog until someone can be reached. This includes only non-elective treatments and necessary diagnostics.

____ I authorize up to (check amount) in medical care for my dog until someone can be reached. \$_____ \$100.00 \$200.00

____ Do not administer any medical treatment until specific authorization is given.

____ I authorize medical treatment for any life threatening illness or injury.

Vet clinic name
Vet's phone number
Vet's address

Vaccines must be current per your vet's recommendation as well as having a negative fecal report (for parasites). Please provide this information prior to your dog's first stay at Woof Woof Woods.

Name of flea control program:	Date of last application:
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If no flea program is currently being used we offer Advantage for \$10.00

Printed Name:
Signature:
Date:



Release of liability

I understand that Woof Woof Woods is an open-play environment. Because of this, certain risks are involved. These include:

- Transfer of communicable illness such as, but not limited to, “kennel cough” and parasites.
- Injuries, usually benign, such as broken nails, puncture wounds, abrasions, and cuts.

Woof Woof Woods and the staff will not be liable for any health or behavior problems that develop in my dog(s), and I hereby release them of any liability of any kind arising from my dogs attendance and participation in daycare or boarding at Woof Woof Woods.

I am solely responsible for any harm caused to another dog or person, caused by my dog.

This agreement has no time limit and is valid and enforceable for any and all future stays for your dog(s) at Woof Woof Woods.

I certify that I have read and fully understand the terms and conditions and agree to release Woof Woof Woods its owner and employees from all liability should any illness or injuries, mild or severe, be inflicted upon or sustained by my dog(s) while in the care of Woof Woof Woods.

Printed Name:
Signature:
Date:

How did you hear about Woof Woof Woods?

- Word of mouth Referral
 Advertisement Other



Pet Personality Profile

Does your dog get along well with other dogs?
Does your dog prefer to play with any certain size dog or gender?
Does your dog get along with cats?
Is your dog fearful of anything?
Does your dog have allergies? To what?
Is your dog allowed healthy people treats like veggies or fruit?
Has your dog been to an off leash park or daycare before? If so, how did they behave?
Does your dog dig holes in the yard?
Can/does your dog jump/climb fences?
Has your dog ever bitten another animal or person?
Does your dog share well (food, toys, space)?
What kind of toys does your dog prefer?
What commands does your dog know?
What is your dog's favorite spot to be petted?
Is there anywhere your dog does not like to be pet?
Are there any sensitive areas on body?
Is your dog crate trained?
Rate your dogs energy level 1= very mellow 10=uncontrollable spaz
Does your dog have any problems in the following areas? Separation anxiety / mouthiness / housetraining / barking / ignoring commands / chewing / bolting / escaping / eating foreign objects/ /other
Is there anything else we should know about your dog?