

# All about the Pup



play  
stay &  
train with us

25 Brigham Street ★ Westborough, MA 01581 ★ (508) 726-1742 ★ [AllaboutthePup.com](http://AllaboutthePup.com)

## Application Form

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

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

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

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

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

How did you hear about All about the Pup? \_\_\_\_\_

**EMERGENCY CONTACT: REQUIRED** (Allowed to pick-up and/or make decisions if you are unreachable)

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

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

### PUP INFORMATION

Pup Name: \_\_\_\_\_ Spayed/Neutered:  Yes  No

Breed: \_\_\_\_\_ DOB: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex:  M  F

Color: \_\_\_\_\_ Micro Chip:  Yes  No

**Please tell us more about your Pup: (Check ALL that apply)**

Has your dog ever jumped or climbed a fence?  Yes  No  I'm Not Sure

Does your dog have separation anxiety?  Yes  No  I'm Not Sure

Does your dog eat rocks?  Yes  No  I'm Not Sure

Does your dog get along well with other dogs?  Yes  No  I'm Not Sure

Does your dog get along well with people?  Yes  No  I'm Not Sure

Is your dog housebroken?  Yes  No  I'm Not Sure

Crate trained?  Yes  No  I'm Not Sure

Up to date on vaccinations?  Yes  No  I'm Not Sure

Can we wash your pup if it gets itself into a stinky situation?  Yes  No Water fear?  Yes  No

**Please check any problems that you are currently having with your pup:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Chewing              | <input type="checkbox"/> Excessive Barking      | <input type="checkbox"/> Begging                                 |
| <input type="checkbox"/> Mouthing             | <input type="checkbox"/> Digging Holes          | <input type="checkbox"/> Eats Poop                               |
| <input type="checkbox"/> Nipping              | <input type="checkbox"/> Running Away           | <input type="checkbox"/> Fearful of Noises                       |
| <input type="checkbox"/> Jumping on People    | <input type="checkbox"/> Mounting               | <input type="checkbox"/> Urinates when Excited                   |
| <input type="checkbox"/> Jumping on Furniture | <input type="checkbox"/> Not Coming when Called | <input type="checkbox"/> Not Housebroken                         |
| <input type="checkbox"/> Pulling on Leash     | <input type="checkbox"/> Stealing Food/Objects  | <input type="checkbox"/> Chases Cars/Bikes/<br>Strollers/Joggers |

**Feeding – Brand/Amount/Frequency of Food:**

Brand: \_\_\_\_\_

Frequency (check all that apply):  Breakfast  Lunch  Dinner Amount: \_\_\_\_\_

Is your dog allowed to have treats?  Yes  No (if yes, any restrictions?) \_\_\_\_\_

Is your dog allowed to have any of the following? Please check allowable items.

- Antler Chew  Kong Treat (Peanut Butter)  Kong (Sweet Potato)

**Medication/Allergies:**

Does your pup have any medication/allergies that we need to know about?  Yes  No

If yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_

Does your dog receive flea and tick preventative?  Yes  No

If yes, Brand: \_\_\_\_\_ Frequency: \_\_\_\_\_

Is there any other pertinent information we should know about your dog?

\_\_\_\_\_  
\_\_\_\_\_

**Veterinarian: (Please include a copy of their current vaccinations prior to 1st day)**

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

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

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

Phone \_\_\_\_\_

# VET RELEASE

This is a required form for all All about the Pup LLC participants receiving services.

First and foremost the safety and well being of your pet(s) is of the highest importance. Insuring that your pet remains safe and well cared for is our first responsibility and as such we take it very seriously. We do our best to have our pet parents screen for pre-existing health conditions but some factors may be beyond our control. In the event that a medical emergency arises while a pet is at our facility or participating in a service that we provide. It is imperative that we are immediately able to get them medical treatment at the closest available facility. We will call ahead to the veterinary offices in closest proximity geographically to us to insure they can handle the emergency present. Your pet will be rushed to the closest available facility for treatment and you will be notified. We notify the owner after we have secured a medical treatment center for the animal to avoid delays that may be caused by emotion on the part of the owner. Our goal is to get your pet medical attention as quickly as humanly possible, and any distractions may interfere with that process.

For that reason it is a requirement to have our pet parents sign this form.

I understand that in the event of a medical emergency, that All about the Pup LLC at its sole discretion deems to need the immediate attention of a licensed veterinarian. I authorize All about the Pup LLC to seek medical attention at the closest available veterinary facility. I further agree that I am financially responsible for any medical treatment my pet(s) receives as a result of a medical emergency while attending services provided by All about the Pup LLC.

Name of Pet(s) \_\_\_\_\_

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

# PET CARE AGREEMENT

Your Name: \_\_\_\_\_

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

Pup(s) Name: \_\_\_\_\_

Age(s): \_\_\_\_\_ Breed(s): \_\_\_\_\_

1. I further understand that All about the Pup has relied upon my representation that my dog is in good health and has not injured or shown aggression or threatening behavior to any person or dog in admitting my dog for services at their facility.
2. I further understand that All about the Pup, their owners, staff, partners and volunteers, will not be liable, financially or otherwise, for injuries to my dog, myself or any property of mine while my dog is participating in services provided by All about the Pup. I hereby release All about the Pup of any liability of any kind arising from my dogs participation in any and all services provided by All about the Pup.
3. I further understand and agree that any problems with my dog, behavioral, medical or otherwise will be treated as deemed best by staff of All about the Pup in there sole discretion, and in what they view as the best interest of the animal. I understand that I assume full financial responsibility and all liability for any and all expenses involved in regards to the behavior and health of my dog.
4. I further understand that there are risks and benefits associated with group socialization of dogs. I agree that the benefits outweigh the risks and that I accept the risk. I desire a socialized environment for my dog while attending services provided by All about the Pup and while in their care. I understand that while the socialization and play is closely and carefully monitored by All about the Pup staff to prevent injury, it is still possible that during the course of normal play my dog may receive minor nicks and scratches from roughhousing with other dogs. Any injuries to my dog will be pointed out by staff upon pick-up.
5. I understand by allowing my dog to participate in services offered by All about the Pup. I hereby agree to allow All about the Pup to take photographs or use images of my pet in print form or otherwise for publication and/or promotion.
6. I further understand that I am solely responsible, financially or otherwise, for any harm or damage caused by my dog while my dog is attending any services provided by All about the Pup.
7. I understand that if my dog is not picked up on time or by a date specified in a separate agreement. I hereby authorized All about the Pup to take whatever action is deemed necessary for the continuing care of my dog. I will pay All about the Pup the cost of any such continuing care upon demand by All about the Pup. I understand that if I do not pick up my animal, All about the Pup will proceed according to the guidelines provided by Massachusetts Statute 272.77 Abandonment of animals by owner; procedure for handling. I also acknowledge that I will be fully responsible for all attorney's fees and associated costs if I abandon my dog.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

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## — Please KEEP this page for your records —

We welcome dogs of all temperaments and activity levels and we will work with your dog to help him or her adjust to the daycare setting. **We require that all dogs aged 1 year and up are spayed/neutered**, as these dogs tend to adjust better to a group environment.

We require all dogs to be up-to-date on their **Rabies, Distemper & Parvovirus, Bordetella (kennel cough)** and Leptospirosis (suggested) vaccines. We recommend that all dogs use a flea- and parasite-control product, but please do not apply these products on the day your dog attends daycare. **We will ask for a copy of your dog's vaccination records at or before your playgroup placement appointment.**

**We require a copy of the following vaccinations before accepting a new Pup.**

Your dog's health and safety at our daycare is most important to us. In the course of playtime, minor injuries may occur. However, we do not allow aggressive horseplay. In the event that your dog becomes sick or injured during the day, our staff will assist him or her immediately to ensure his or her safety. We will then contact you, or your emergency contact, to alert you of the situation. All staff is pet CPR & First-aid certified.

**Rabies:** Per Massachusetts State law, every dog must have a current Rabies vaccine. Your Veterinarian will give your dog either a 1-year or a 3-year vaccine. Either is acceptable. Check the listed "due date" on your Rabies Certificate issued by your Veterinarian.

**Distemper & Parvovirus:** These vaccines are sometimes given together in a "Combo" vaccine (ie. DHLPP, DHP, DAP, D2APV) and sometimes given, and listed on your shot records, separately. Both must be "up to date" before arrival for boarding. If you are uncertain about deciphering the abbreviations of your "Combo" vaccine, please give us a call.

**Bordetella (Kennel Cough):** Your Veterinarian may, or may not, give this vaccine as a course of your dog's normal care. We do **require** that Bordetella be given within the past **6 months**. If it has not been given within the past 6 months, the update must be done **at least 5 days prior to arrival** at our facility.

**Leptospirosis:** We are suggesting this vaccine be given annually. Leptospirosis is still active in this region of the country and can be transmitted to human caregivers as well as other dogs. This vaccine must be given separately, or as part of a Distemper/Parvovirus "Combo" vaccine annually.

Attendees of our **Pup Playtime** will also be required to show **proof of a negative annual fecal test.**

**Please send vaccination records to:  
[info@allaboutthepup.com](mailto:info@allaboutthepup.com) or fax (508) 329-1594**