

LITTLE RED DOGHOUSE
320 Northern Blvd.
South Abington Twp., PA 18411
570-586-6364 570-586-6365(fax)

littlereddoghouse.net

GUEST PROFILE

Owner's Name: _____ Address _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____

Cell Phone: _____ Email: _____

Dog's Information:

1. Name of Dog: _____ Breed: _____

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- | | | | |
|----|------|--------|-----------------|
| 1. | Male | Female | Spayed/Neutered |
| 2. | Male | Female | Spayed/Neutered |

Does your dog have any allergies or medical conditions we should be aware of? Yes No

If yes, explain: _____

Is your dog (s) on Flea/Tick and Heartworm control? Yes No

Eating Habits

Type and Brand of Food: _____

How much per feeding: _____ How often: _____

Medical Emergency Information

Veterinarian's Office _____ Phone: _____

Address: _____ City: _____

Please attach a copy of your dog's updated vaccinations for **Rabies, DHPP, Bordetella (oral or nasal only) and K-9 Influenza is highly recommended.**

Your dog(s) are **required** to be up- to-date on these vaccinations before entering our daycare/kennel facilities.

PLEASE READ AND INITIAL EACH ITEM

INITIALS_____ All dogs must be healthy and current on all vaccinations. You will be required to bring a copy of your dog's updated vaccination records from your vet before you start daycare or board with us to ensure your dog's safety as well as that of our other guests. Owner also authorizes the release of said pet's medical records from pet's veterinarian

INITIALS_____ The hours of operation for the Little Red Doghouse Daycare and Boarding are: **Mon-Fri. 7:00AM – 6:00PM; Weekends 7:00AM- 5:00PM**. I agree that management of the Little Red Doghouse retains the right to amend the hours of operation at any time.

INITIALS_____ I hereby represent my dog(s) is/are of good health and has not had any contagious disease within the last 30 days.

INITIALS_____ I agree to pick up my dog(s) prior to the Little Red Doghouse's closing time. It is hereby acknowledged that if I fails to pick up the my dog(s) 15 min. past the hour of closing that the dog will be placed in overnight boarding and I will be charged the regular fee.

INITIALS_____ The Little Red Doghouse reserves the right to immediately change your dog's type of boarding/daycare if we believe it is necessary to protect the health and well-being of your dog, other dogs, or our staff.

INITIALS_____ **Owners must provide their own dog food.** Owners are welcome to bring their own bedding or toys if desired, however we cannot guarantee that they will be returned in the same condition.

INITIALS_____ If pet becomes ill or if state of the animal's health otherwise requires professional attention, the Little Red Doghouse in it's sole discretion, may engage the services of a local veterinarian or provide appropriate medical attention to the animal and any and all expenses thereof shall be paid by the owner.

INITIALS_____ I am aware that by leaving said pet at the Little Red Doghouse or any other pet facility, said pet is at a higher risk of contracting canine cough, viruses, nicks and cuts. While we have taken special care in designing our facility and maintaining a high standard of cleanliness, **no vaccine is 100% guaranteed.**

INITIALS_____ I further understand and agree the Little Red Doghouse and their caregivers will not be held liable for any problems that might develop with the dog including but not limited to: sickness, disease, injury, running away and death, provided that reasonable care and precautions are followed.

INITIALS_____ I acknowledge and understand that there are certain risks involved in pet ownership, training and care including but not limited to, dog fights, dog bites to humans and/or other pets and the transmission of disease. I also understand that the benefits outweigh the risks. I agree to accept full responsibility or otherwise, for any such injury or harm afflicted to my dog or caused by my dog to any other dog or person while attending the Little Red Doghouse.

INITIALS_____ .I understand that the Little Red Doghouse reserves the right to permanently remove a dog from the daycare at anytime.

INITIALS_____ I understand that I am solely responsible for any harm or damage caused by my dog(s) to persons or property of the Owners, employees, licensees, invitees of the Little Red Doghouse, or any other pets housed or visiting the Little Red Dog House while my dog(s) is/are attending the Little Red Doghouse.

INITIALS_____ I release, indemnify, and agree to hold the Little Red Doghouse harmless from any and all manner of damages, claims, loss, liabilities, costs or expenses, causes of actions or suits, whatsoever in law or equity, (including, without limitation, attorney's fees and related costs) arising out of or related to the services provided by the Little Red Doghouse.

INITIALS_____ I understand that Little Red Doghouse Daycare and Boarding fees are non-refundable and non-transferable.

By signing below, you certify that you understand that if in our judgment, your dog requires immediate medical attention and we are unable to reach you, we will take your dog to a veterinarian or animal hospital and acknowledge and accept exclusive and sole responsibility for all medical expenses for said pet no matter the cause.

By signing this contract you certify that you are eighteen years of age or older and have the legal capacity to enter into a binding contract. You also certify to the accuracy of all information given about your pet. Furthermore, you have read, understood and accept all procedures and policies included herein.

Signature (must be original signature, do not fax) _____
Date

How did you hear about the Little Red Doghouse?

Please let us know as we would like to thank them properly.

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