

**Gail Fisher's ALL DOGS GYM & INN**

|                      |
|----------------------|
| File # _____         |
| Computer Entry _____ |
| Date _____           |

**Dog's Name** \_\_\_\_\_

Please complete the following information for each (2) owner, if applicable:

|                                                                                                                                                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>(1) Name</b> _____</p> <p>Street Address _____</p> <p>City _____ State _____ ZIP _____</p> <p>Phones (Home) _____</p> <p>(Work) _____ Ext. _____</p> <p>(Cell) _____</p> <p>email address _____</p> <p>Occupation _____</p> <p>Employer _____</p> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>(2) Name</b> _____</p> <p>Street Address _____</p> <p>City _____ State _____ ZIP _____</p> <p>Phones (Home) _____</p> <p>(Work) _____ Ext. _____</p> <p>(Cell) _____</p> <p>email address _____</p> <p>Occupation _____</p> <p>Employer _____</p> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Emergency Contact Information** - Please tell us who to contact in case of emergency:

1) Name \_\_\_\_\_ Phone \_\_\_\_\_

2) Name \_\_\_\_\_ Phone \_\_\_\_\_

Is there a number where you can be reached while you're away? \_\_\_\_\_

If anyone other than the owner has permission to pick up your dog, please give us their names:

Names \_\_\_\_\_

|                               |                                   |
|-------------------------------|-----------------------------------|
| <b>Veterinary Information</b> | <b>Name of Veterinarian</b> _____ |
| Name of Clinic _____          | Phone _____                       |

**How did you hear about Gail Fisher's All Dogs Gym & Inn?** Please be specific. Thanks.

Current customer  Friend  Veterinarian  Website  Yellow Pages  Other \_\_\_\_\_

Please give us the name of the referral: \_\_\_\_\_

**As a condition of using our services for your pets, the following Waiver & Assumption to Hold Harmless must be signed:**

By choosing to utilize the services, participate in activities, groom or board my pet(s) at Gail Fisher's All Dogs Gym & Inn™, I agree to the following:

- ? I agree to pay the rates that are in effect at the time my pet is at All Dogs Gym & Inn. I am aware that extra charges may be incurred and I agree to pay them at the time of pick-up. Examples include, but are not limited to: Daycare, boarding, grooming and training.
- ? I understand that on entering All Dogs Gym & Inn my pet will be examined for fleas. If fleas are found, a natural flea repellent bath will be administered at my expense.
- ? If my dog participates in playgroup or daycare, I understand that an interactive play setting is not without some risk of injury, that despite all the dogs appearing healthy and being handled with the greatest amount of care and foresight, dogs are not always predictable and the unexpected may occur. I recognize that the benefits of an interactive playgroup are valuable to my dog, and accept the potential risks. I further agree to pay veterinary/medical expenses incurred as a result of injury to or caused by my dog.
- ? I am aware that there is a 2-day minimum charge for overnight boarding and a 3-day minimum charge on major holiday weekends.
- ? If my pet appears to be ill, I authorize All Dogs Gym & Inn to engage the services of a veterinarian at my expense, to give other requisite attention, and to make whatever decisions are required for my pet's veterinary treatment. I agree to pay all veterinary charges incurred by my pet while in the care of All Dogs Gym & Inn. I will not hold All Dogs Gym & Inn liable for failure to seek veterinary attention or for decisions made under this contract.
- ? I understand that All Dogs Gym & Inn will exercise all due diligence and care in the guardianship of my pet. I hereby waive and release Gail Fisher's All Dogs Gym & Inn, its employees, owners and agents from any and all liability of any nature, for injury or damage, including that which may result from the action of any dog including my own, and I expressly assume the risk of such damage or injury while my dog participates in or attends any function of All Dogs Gym & Inn, while on the grounds or the surrounding area thereto.

On behalf of myself and any and all other owners of this pet, I have read and agree to the terms of this contract. I warrant that I have the authority to represent any and all other owners of this pet in signing this contract.

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

Print Name \_\_\_\_\_

Owner's Last Name \_\_\_\_\_

**Pet Information:** Name \_\_\_\_\_

Dog  Cat  M  F  Neutered? At age \_\_\_\_\_

Breed \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_\_

Age acquired \_\_\_\_\_ **Note:** Please tell us if this is a newly acquired adult so we can get helpful background info.

If your pet has temperament issues such as shyness, fear or aggression, please describe \_\_\_\_\_

Describe any medical or physical problems \_\_\_\_\_

**Note:** If you need us to give your pet medication, fill out a separate instruction sheet for the treatment requested.

Date of last DHLPP inoculation \_\_\_\_\_

Is your dog vaccinated for Kennel Cough?

Yes  No If yes, date \_\_\_\_\_

Rabies expiration date \_\_\_\_\_

Checked by \_\_\_\_\_ Date \_\_\_\_\_

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Checked by \_\_\_\_\_ Date \_\_\_\_\_

**General Questions** – The following answers will help us care for your dog(s) as if they were our own. Please complete questions for each pet boarded:

**1<sup>st</sup> Dog**

Has your dog ever been boarded before?  Yes  No  Not Sure

Is your dog used to being in a crate?  Yes  No  Not Sure

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

Does your dog have separation anxiety issues?  Yes  No  Not Sure

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

How about puppies?  Yes  No  Not Sure

Are you enrolling your dog in our Daycare?  Yes  No

Has your dog ever attended interactive Daycare?  Yes  No  Not Sure

What are your reasons for Daycare?  Socialization & Play  Exercise  Long day

Other \_\_\_\_\_

If your dog has any allergies, please tell us: \_\_\_\_\_

Please check all your dog's favorite activities

- Play ball
- Retrieve a Frisbee
- Play "keep away"
- Play Tug o'war
- Cuddle
- Get belly rubs
- Be brushed
- Have a massage
- Other \_\_\_\_\_

**2<sup>nd</sup> Dog**

Yes  No  Not Sure

Yes  No  Not Sure

Yes  No  Not Sure

Yes  No  Not Sure

Yes  No  Not Sure

Yes  No  Not Sure

Yes  No  Not Sure

Yes  No

Yes  No  Not Sure

Reason for Daycare \_\_\_\_\_

Allergies? \_\_\_\_\_

- Play ball
- Retrieve a Frisbee
- Play "keep away"
- Play Tug o'war
- Cuddle
- Get belly rubs
- Be brushed
- Have a massage
- Other \_\_\_\_\_

Additional information to help us care for your dog \_\_\_\_\_

**Training** – We do basic manners training and can also work on behavior problems such as jumping up, stealing things off counters and the like. If you would like more information about our training programs, please ask about our Boarding-Training program.