



Original Date:	
Dates Revised:	
Unleashed! Special Notes:	

Registration/Background Information

Parent's Name(s)			
Pet's Name			
Street Address			
City		State	
Phone #		Work #	
Cell #		E-mail Address	
Alternative Emergency Contact Name & Phone #(s):			
Name and phone number of any other person authorized to pick-up or drop off your dog:			
DOG'S BACKGROUND INFO:			
Age:	Birthdate – (if known)	Gender:	Weight:
Breed:		Color:	

Is your dog spayed or neutered?				
Is your dog housebroken?				
Does your dog have an ID Tag?				
(One will be required and should not be on a choke or pinch collar during stay at Unleashed!)				
BEHAVIORAL INFO:				
Was your dog crate trained?			Yes	No
Has your dog ever had any informal or formal training?			Yes	No
Are there any basic commands you would like us to use with your dog to reinforce training?			Yes	No
If so, please list:				
Has your dog ever exhibited any aggressive behavior towards people or other dogs?			Yes	No
Do you know if your dog has ever been bitten or attacked by another dog or been abused?			Yes	No
Has your dog ever bitten a person or another dog?			Yes	No
Please tell us what you can about any unfavorable incidents with other dogs?			Yes	No
Is your dog thunderstorm phobic?			Yes	No
Any other fears we should know about? (i.e., steps, bare floors, separation anxiety)			Yes	No

Does your dog have any of these chronic behaviors?

Jumper

Chewer

Digger

Escape Artist

Barker

Humper

Any others?

COMFORT INFO:

Where does your dog stay when no one is home?

Where does your dog sleep at night?

What brand/type of food does your dog eat?

How much does your dog eat daily?

(When your dog stays with us during his or her regular feeding times, we highly recommend you provide their own food in order to maintain their normal diet) if you choose not to, we will serve your dog our house food at a cost of \$2 per day.

Treats?

Please note that any food and/or any treats will not be given to dogs while in a group in order to avoid food aggression incidents.

MEDICAL INFO:

Veterinarian's Name/Clinic:

Address:

Phone Number:

What flea prevention method do you use?

What Heartworm prevention do you use?

Any allergies or other medical conditions we should be aware of?

Is your dog on any medication that needs to be administered during their stay here?

If so, please provide details

Are there any other special needs or instructions regarding the care of your dog that we should know about?

VACCINATION REQUIREMENTS:

Vaccination records will be required for all daycare and boarding clients. Please have vet records sent (or provide a copy) verifying the most recent date your dog was vaccinated, including bordetella (kennel cough).

* We are aware of the rapidly changing vaccination protocols for dogs and do not require annual vaccinations for DHLPP as long as your dog is protected by having had the initial round of immunizations and at least one booster after that. Titters are also accepted. We accept the State protocol on Rabies vaccinations of one every three years.

Disclaimer and Signature:

I certify that my answers are true and complete to the best of my knowledge. If this application leads to enrollment, I understand that false or misleading information in my application or interview may result in my pet's release.

Signature

Date

Emergency Medical Release

Obviously it is our preference that each dog's parent makes any necessary decisions regarding medical care/treatment. In the event of a medical need and/or emergency, we will make every effort to reach you or your alternate contact. However, in a true emergency, we want the authority to take care of your pet as if it were our own.

We are conveniently located .5 miles away from Cobb Emergency Clinic and less than 2 miles from The Veterinary Clinic, our own personal vets

YES ___By checking "Yes" you agree to be solely responsible for payment of all medical bills and you release Bridge Dogs Unleashed!, its officers, directors, employees and agents (hereinafter "Unleashed!") from any and all responsibility for claims damages, or debts arising out of or related to such medical care including transportation to/from the veterinarian clinic or hospital. You agree to all medical charges to be applied to your credit card up to a limit of \$_____

Credit Card Company: _____

Credit Card Number: _____

3 Digit CV Code: _____

Expiration Date: _____

NO ___By checking "No" you agree to release Unleashed! from any and all responsibility for, or claims, damages, and debts out of or related to Unleashed! not providing medical care for your dog, and you acknowledge that Unleashed! is not required to give any medical assistance no matter what the situation may be.



Release Form

I hereby release, indemnify and hold Bridge Dogs Unleashed, LLC (hereinafter called Unleashed!) harmless from any and all manner of injuries, damages, losses, liability, costs or expenses, causes of action 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 Unleashed!, including, but not limited to destruction of property, dog bites and transmission of disease, except which may arise from the sole gross negligence or intentional and willful misconduct of Unleashed!

Agreed:

Signature: _____

Print Name: _____

Pet(s) Name(s): _____

Date: _____