

OWNER INFORMATION

Name(s): _____

Address (street address): _____

(city, state, zip code): _____

Email: _____

Cell: _____ Work or Home: _____ Other: _____

DOG(S) INFORMATION

Name: _____ Estimated Weight: _____

Birthdate: _____ (puppies must be at least 8 wks)

Breed: _____

Color: _____

Sex: (circle) Male-neutered Male Female-spayed Female

What brand of dog food do you feed, how much, and how often?: _____

example: Diamond Naturals Beef & Rice for Adult Dogs – 2 cups twice daily _____

Behavior

Has your dog(s) ever been in a daycare setting and/or been boarded? No Yes

If yes, please disclose any pertinent information regarding previous experiences: _____

Has your dog(s) ever shown aggression toward other dogs or people? No Yes

If yes, explain: _____

Do any specific toys or activities trigger negative behavior for your dog(s)? No Yes

If yes, explain: _____

Is your dog(s) accepting of kenneling? No Yes

If no, explain: _____

*This applies to any dog that is fed while in daycare and any dog that is boarded

Medical

Does your dog(s) suffer from any medical condition(s) or problem(s)? No Yes

If yes, explain: _____

Bring completed form to your first visit at K9-Playtime, LLC at 1400 Gateway Circle, Hudson, WI 54016

-We require current Rabies, Distemper, and Bordetella vaccinations. **In order to provide optimal protection for your dog(s), veterinarians recommend vaccinations be given at least 2 weeks prior to contact with other dogs.**

-We strongly recommend regular flea & tick preventative, as well as deworming.

LIABILITY WAIVER

Any references below to the word "I" also implies all others associated with me, including but not limited to my spouse, heirs, assignees, and family members. Any references to "we" or "K9-Playtime, LLC" implies its agents, officers, owners, employees, subcontractors, customers, and prospective customers.

This section applies to all current and prospective customers, employees, subcontractors, or anyone else who enters the premises of K9-Playtime, LLC:

- I agree that I will not hold K9-Playtime, LLC responsible for any injuries or damages to myself or my property while employed by, contracted with, or acting on behalf of K9-Playtime, LLC.

This section applies to anyone who brings their dog on the K9-Playtime, LLC premises for any reason:

Owner hereby agrees to indemnify and holds harmless K9-Playtime, LLC from any and all claims, lawsuits, injuries, losses, damages, and liability of any nature arising (1) from any injury, loss or even death of his/her dog(s) resulting from K9-Playtime, LLC's actions, or from the action of his/her dog(s) or any other dog while in the custody/care of, or on K9-Playtime, LLC premises or (2) out of Owner's dog(s)'s participation at K9-Playtime, LLC, including his/her dog's(s) injury or harm to another dog, person, or property, (3) from the release of his/her name, address, and phone numbers under circumstances arising from an incident resulting in injury or damages. K9-Playtime, LLC retains the right to terminate, in its sole discretion, contracts or packages and rights of Owner's dog(s) to participate at K9-Playtime, LLC.

- I have disclosed to K9-Playtime, LLC all known risks, behaviors, dangers, and medical conditions associated with my dog(s).
- I understand that K9-Playtime, LLC reserves the right to refuse service to my dog for any reason, including but not limited to aggressive behavior, excessive barking, illness, or being in season.
- I understand that by choosing to not alter my dog, I assume all responsibility should she become pregnant while on the premises of K9-Playtime, LLC. I further accept responsibility to determine if my female dog is in season, and to inform the staff of K9-Playtime, LLC.
- I agree that there are inherent risks in sending my dog to any dog activity center and I accept these risks because they are outweighed by the benefits. K9-Playtime, LLC will not be liable for any illness, injury, loss or even death of my dog(s).
- I understand that I am financially responsible for the charges my pet will incur during his/her stay at K9-Playtime, LLC. I also understand that I am financially responsible for unforeseen charges relating to any damages inflicted by my dog(s) to any property of K9-Playtime, LLC.
- I understand that I am solely liable for medical care expenses and damages that result from injuries caused by my dog. I agree to resolve the matter with the owner(s) of the other dog(s) in accordance with the law.
- I authorize K9-Playtime, LLC to take actions they deem necessary to preserve the health, well-being, and safety of my dog(s), and to take reasonable action to resolve any medical problems that may arise while my dog(s) is in their care. I agree to assume full financial responsibility for any and all expenses incurred as a result of their actions.
- I waive all claims and actions against K9-Playtime, LLC, relating to the care, control, health, and/or safety of my dog(s) arising while my dog(s) is in their care. I release K9-Playtime, LLC from all financial responsibility regarding my dog(s).
- I certify that:
 - I am the legal owner of the dog(s) I am leaving in the care of K9-Playtime, LLC.
 - I have read and understand the policies of K9-Playtime, LLC.
 - To my knowledge, my dog(s) has not been exposed to kennel cough, distemper, rabies or parvovirus within the past thirty days.
 - My dog(s) has been vaccinated as required by K9-Playtime, LLC.
 - Pictures/videos taken of my dog, while on the premises, become the property of K9-Playtime, LLC.

Signed: _____ Date: _____

Print Name: _____

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MEDICAL RELEASE

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- The safety and well-being of your dog is of the highest importance to us at K9-Playtime, LLC. Insuring that your dog 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 a medical emergency arises while a dog is at our facility or participating in a service we provide, it is imperative that we are able to give your dog immediate medical treatment.
- In the event that a staff member deems your dog to be in need of immediate veterinary care, the following steps will be taken:
 - We will make every effort to contact you through the phone numbers you have provided.
 - If we are unable to reach you (or your Veterinary Contact) and we have deemed your dog is in need of immediate attention, your dog will be taken to:

Animal Emergency & Referral Center of Minnesota
1163 Helmo Avenue North
Oakdale, MN 55128
(651) 501-3766

- Our Goal is to get your dog medical attention as quickly as reasonably possible.
 - For that reason, we require all pet parents to acknowledge this form prior to your dogs stay or service at K9-Playtime, LLC.

I authorize K9-Playtime, LLC to seek medical attention for my dog in the event my dog has a medical emergency and a staff member of K9-Playtime, LLC at his or her sole discretion, deems it necessary to seek the immediate attention of a licensed veterinarian. I further authorize K9-Playtime, LLC to seek medical care for my dog at **Animal Emergency & Referral Center of Minnesota**.

Signed: _____

Print Name: _____

Date: _____

Emergency Contact Name: _____

Cell Number: _____

Veterinary Clinic: _____

City/State: _____

Phone: _____

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AUTHORIZATION TO SEEK MEDICAL ATTENTION

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Dear Licensed Veterinarian:

I, _____ as guardian/owner of _____, hereby authorize K9-Playtime, LLC to act as my agent in the event that K9-Playtime, LLC deems my pet is in need of immediate medical attention.

I further agree that I will be responsible for any and all charges incurred for emergency services to safeguard the well-being of my dog(s).

Signed: _____

Print Name: _____

Date: _____

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