NEW CLIENT PROFILE – CONFIDENTIAL

Owner Information

First Name:_____ Last Name:_____

Address:_____ City:_____ State:_____ Zip:_____

Primary Phone:_____ Phone:_____

Email:_____

Dog Information and Medical History

Dog's Name:_____ Breed:_____

Color:_____ Sex: M F Spayed/Neutered: Y N

Weight:_____ Age:_____ DOB (optional):_____

Veterinarian:_____

Health Concerns (allergies, medical conditions, etc.):_____

_____

Feeding and Medication Instructions:_____

_____

Has your dog been in a group play setting before?_____

Play style (high energy, calm, prefers Big or Small dogs etc.):_____

_____

Is your dog an escape artist?_____

Behavioral Concerns (fear, assertiveness, anxiety, etc.):_____

_____

Emergency Contacts

In case of emergency, or if I am unable to pick up my dog(s), I authorize Woof! to release my dog(s) to the following persons. I understand that no further written authorization is required for my dog(s) to be released to one of the persons listed below. I understand that I may revoke any person(s) authorization at any time by completing a new, revised copy of this form. I understand for the safety of my dog(s), all authorized person(s) listed below will be required to present government issued photo identification when they arrive to pick up my dog(s). If the authorized person(s) does not have a valid government issued photo identification, or if their identification does not match the information herein, Woof! will not release my dog(s) to them under any circumstances.

(1) Name:_____

Phone:_____

(2) Name:_____

Phone:_____

Woof Ventures, LLC is doing business as *Woof! Dog Care Center.* (hereinafter referred to as "*Woof!*"). By signing this agreement, I represent that I am the legal owner of my dog, and that my dog has current inoculations and vaccinations included but not limited to distemper, hepatitis, leptospirosis, parvo, parainfluenza, paravirus, bordatella, rabies, and all other ailments as required by local statute. I understand and acknowledge that my dog will be kept in the company of other dogs during its stay at *Woof!*. Dogs may only be dropped off or picked up during posted normal business hours. I understand that my dog must be equipped with a suitable collar or harness and proper identification. By signing this agreement, I authorize *Woof!* to assess charges to me for any and all services rendered by *Woof!*. *Woof!* will use its best efforts to maintain a safe and sanitary facility. I give *Woof!* permission to take photos of my dog for use in advertising and promotional materials, and any photos so taken become the property of *Woof!*. I understand that for the safety of other dogs, employees, and clients, *Woof!* may terminate my dog's stay at any time in its sole and absolute discretion, and that if my dog's stay is terminated I will promptly pick up my dog.

Charges: I hereby authorize *Woof!* to charge my credit card for all fees and charges I or my dog may incur. I also authorize *Woof!* to charge my credit card any additional fees that my dog may incur. I understand that *Woof!* may decline to provide services to me or my dog if my credit card is declined. I understand that I am expected to provide my dog with sufficient food for the entire duration of his or her stay at *Woof!* If I do not provide sufficient food, *Woof!* may purchase and administer food of its choosing at fee of $7 per meal. *Woof!* will use reasonable efforts to administer topical or oral medications at no charge. I understand that if I am late picking up my dog that I will be charged for any additional time that my dog remains at *Woof!*.

Assumption of Risk: I hereby give *Woof!* permission to care for my dog. *Woof!* will use leashes, collars, and other appropriate means of maintaining safe and orderly control of all dogs. I understand *Woof!* is not responsible or liable for any of the following: injuries to my dog caused by other dogs (including incidents of biting or scratching); diseases or ailments; infections and viruses; theft; natural disasters; fire; or self inflicted injuries, including but not limited to those caused from ingesting foreign objects, chewing, biting, scratching, or running away. I understand that *Woof!* is not responsible for any personal property left at *Woof!*, including beds, blankets, clothing, bowls, food, collars, leashes, or toys.

Veterinary Care: If, in my absence, my dog should come to be injured, appears sick, or otherwise requires medical attention as determined by *Woof!* in its sole and absolute discretion, I hereby authorize *Woof!* to consult with my veterinarian for treatment and guidance.

Abandonment: I understand if my dog is not picked up after 10 days past scheduled departure, *Woof!* is required by local statute to turn my dog over to the care of Lancaster County Animal Control.

Release of Liability and Indemnification: I hereby release *Woof!* from all actions, suits, or claims for injury, loss, or damage regardless of the cause. I release the owner of the property, which *Woof!* occupies, from all actions, suits, claims for injury, loss, or damage regardless of the cause. I understand and acknowledge that dogs can be unpredictable and may cause harm to themselves, other dogs, persons, or property. I agree to indemnify and hold harmless *Woof!* for any and all losses, liabilities, demands, expenses, claims and suits. The parties expressly agree that this release of liability and indemnification shall be given full force and effect in accordance with each and all of its terms and provisions. I understand this Agreement is a contract between *Woof!* and me, and that I sign it freely, openly, and without reservation.

Signature: _____ Date: _____

Staff Initials: _____