

2nd Pet - Enrollment Application

GENERAL INFORMATION

Human Name: _____ Spouse name: _____

Email: _____

Home phone: _____ Cell: _____

CANINE INFORMATION

Name: _____ Breed: _____ Weight: _____

Birth date: _____ Male/Female: _____ Neutered/Spayed: _____

Color: _____ Markings: _____ Brief description: _____

VETERINARY INFORMATION

Vet clinic: _____ Doctor: _____

Address: _____ City: _____ State: _____

Phone: _____ Email: _____

VACCINATION /MEDICAL HISTORY

Bordetella: _____

DHLPPC: _____

Rabies: _____

Fecal exam: _____

Bivalent canine influenza: _____

Letter from your veterinarian: _____

Spay/neuter date: _____

Flea/tick prevention: _____

We strongly recommend keeping your dog on monthly heartworm prevention year round. We strongly recommend having your dog/s licensed with Jefferson County animal control if you live within the county limits.

List any known allergies:

Describe any medical conditions that we need to be aware of (i.e. seizures, heart/ joint trouble, diabetes):

CANINE PROFILE

How long has your dog been in your family? _____

Did you adopt your dog? _____

Do you have any knowledge of your dog's past history? _____

Is your dog comfortable with having his/her collar used to lead? _____

Has your dog ever climbed or jumped over a fence? _____ If yes, how tall? _____

Does your dog play with other dogs on a regular basis? _____

Has your dog ever been enrolled in a play group/dog park/social setting before? _____ If yes, where? _____

Do you have your dog groomed on a regular basis? _____

Has your dog ever been professionally trained? _____

Does your dog prefer to play with male or female dogs or does he/she show no preference?

Does your dog automatically dislike any certain type of dog? _____

How does your dog react to puppies? _____

How does your dog react to strangers? _____

Describe any behavioral problems, idiosyncrasies or special sensitivities that we should be aware of:

Read and initial each line below:

___ Dogs not familiar with The Paw Zone may experience separation anxiety when apart from their human companions.

___ Dogs not regularly exposed to the level of activity at The Paw Zone may feel the discomfort of sore muscles, sore joints, and fatigue.

___ Dogs not regularly exposed to outside activity or play on hard surfaces may experience sore paws, blisters, bruises or abrasions on the feet.

___ Dogs not regularly socialized do not necessarily know how to behave politely with other dogs. These dogs are at higher risk of incidents including, but not limited to, bites, fights, fear aggressions, object guarding, and behavior problems and/or acting out.

___ Dogs at play during the regular play group can get dirty. Dogs with longer hair can get matted from being mouthed.

___ Excessively long toenails may cause injury to your dog, other dogs or humans. You will be notified if your dog's nails are too long. The Paw Zone will trim them at the owner's expense before the dog is allowed back into his/her play group.

___ Bath and brushes can be requested and scheduled.

___ I understand the extra risks my puppy has of contracting disease or illness by entering the play group program without being fully vaccinated.

___ Water is available at all times; however, your dog may still be thirsty after daycare. Be aware of their water intake as excessive amounts may cause an upset stomach or other problems.

___ Dramatic changes in food and/or food quality may cause upset stomachs diarrhea and/or colitis.

___ Any behavior deemed dangerous or inappropriate by The Paw Zone may result in dismissal from the play group program.

___ I agree to pay for all services due at the time of pick up. I understand any unpaid fees by me will be sent to collections and I will be responsible for all collections and legal fees incurred by such action taken.

____ I understand and agree that in admitting my dog(s) in the play group, The Paw Zone has relied on my representation that my dog(s) have not harmed or shown aggressive or threatening behavior towards any person or any other dog.

____ I certify that my dog(s) is/are in good health and has/have not been ill with any communicable disease within the last 30 days.

____ I understand that The Paw Zone staff gives all pets involved in any type of incident a cursory examination, however, The Paw Zone is not liable for the location, treatment or diagnosis of any injuries incurred on our premises. It is recommended you check your dog further or seek treatment for your pet by a licensed veterinarian at your discretion and cost.

____ Please remain holding your dog's leash until one of our trained canine professionals can bring him/her to our designated play area.

____ In order for all canines to remain as safe as possible, please refrain from allowing your dog to meet & greet other dogs on leash while in our lobby.

____ All dogs must be brought in on a leash or in a carrier.

____ Sign in and out on each visit. If your dog is not signed in you may be charged for a full day if we do not have record.

____ All dogs must be wearing a regular collar. Dogs sometimes chew on each other's collars so make sure it is of no sentimental or high dollar value.

____ At The Paw Zone, photographs may and will be taken of the facility, dogs and staff on a regular basis for use in advertising the services provided by The Paw Zone. I hereby give my permission to copyright and/or use, reuse and/or publish or post pictures of me/ and/or my pet in color or black and white made through any media by The Paw Zone for their purpose, including but not limited to, the use in print material, electronic media or internet usage. I waive my right to approve the finished photograph, advertising copy, print material or electronic files that may be used in conjunction with the photographs.

I _____ understand that The Paw Zone, LLC does everything possible to prevent accident and injury. I am aware that my dog(s) will be in a social setting with other dogs at play. I am aware that The Paw Zone, LLC is a play-at-your-own-risk facility. In the event of an accident, The Paw Zone, LLC staff will seek immediate medical attention at the closest veterinary hospital and will make every attempt to contact me as soon as possible.

I am aware that in the event of aggressive dog behavior The Paw Zone, LLC has the right to request my dog(s) not return to the facility.

I am aware that all dogs are required to have up-to-date vaccination records. The required vaccines are: Bordetella (due every 6 months), DHLPPC, Rabies, Bivalent Canine Influenza, and a negative Fecal Exam (due every 6 months). I also understand that my dog must be surgically altered (after 9 months of age) in order to play at The Paw Zone. I am aware that my dog(s) must be retrieved from the facility no later than 7:00 p.m., and a late pick-upcharge will be assessed at the amount of \$1.00 per minute after 7pm. I acknowledge that all payments are due upon the retrieval of my dog(s).

I hereby agree to hold The Paw Zone, LLC its employees, agents, successors and assigns harmless from any injuries, loss or damage to my dog(s) while at The Paw Zone, LLC.

If any of the above information changes, please notify us immediately!

Client _____ Date _____

Staff member _____ Date _____

OFFICE USE ONLY:

Introduction results:
