

## PUPS PLAYLAND PET PROFILE

Dog Name: \_\_\_\_\_

Sex: Male Female Spayed/Neutered: Yes No

Breed & Color: \_\_\_\_\_

Age/Birthdate: \_\_\_\_\_

Dog # 2 Name \_\_\_\_\_

Sex: Male Female Spayed/Neutered: Yes No

Breed & Color: \_\_\_\_\_

Age/Birthdate: \_\_\_\_\_

Owner Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Cell #1 \_\_\_\_\_ Cell #2 \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Vet Clinic Name: \_\_\_\_\_ Vet's Phone: \_\_\_\_\_

Preferred Vet's Name: \_\_\_\_\_

In an emergency, your dog will be taken to the New Ulm Veterinary Clinic and you will be contacted as soon as possible. Your signature below authorizes, in your absence, transportation and treatment as deemed best by the veterinarian. Owner will be responsible for all associated expenses and will be billed directly by the veterinarian's office.

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

Notes:

## FEEDING INSTRUCTIONS:

Amount of food to be fed (example 1 cup at each meal, 2 times/day, AM, PM \_\_\_\_\_ at each meal, \_\_\_\_\_ times/day, \_\_\_\_\_ or free feeder \_\_\_\_\_

Does your dog have any allergies or sensitivities to food or other?

Is your dog on a grain free \_\_\_\_\_ or wheat free \_\_\_\_\_ diet?

Treats are offered as part of the positive reinforcement that we practice. Is it OK for us to give your dog a limited number of treats? Yes No

## HEALTH:

Only healthy dogs should be brought to Pups Playland. They should not show any signs within the previous week of coughing, excess sneezing, eye discharge, vomiting, diarrhea, lethargy, or anything else that is not normal for your pet.

If your dog is on any oral medications or supplements, they should be provided in original container along with clear written instructions.

Does your dog have any pre-existing health conditions? \_\_\_\_\_

Explain:

## VACCINATIONS:

All dogs must be current on their vaccinations a minimum of 1 week before coming to Pups Playland. We require documented proof for Rabies, DHPP (distemper/parvo) and Bordatella (kennel cough). They should also be on seasonal flea and tick control.

## GETTING TO KNOW YOUR DOG:

Please give details of any "yes" answers

Frightened or nervous? yes no

Possessive of food or toys? yes no

Usual activity level? low average high hyper

Climbs or jumps fences? yes no height \_\_\_\_\_

Escape artist? yes no Opens gates? yes no

Been confined at some point in: never wire crate plastic crate larger kennel

Chews or tears things if left alone or confined? yes no

Uses a training collar or bark collar at home? yes no

## Owner Agreement:

By leaving my pet at Pups Playland, I am agreeing to the following without exception.

I agree to pay all charges the day I pick up my pet and I understand that my pet may not leave the premises until all charges are paid in full. I understand that any animal left for ten (10) days beyond the estimated date of pick-up will be considered abandoned.

Pups Playland agrees to exercise due diligence in providing reasonable care and to keep the premises sanitary, supervised, and properly enclosed. Pups Playland is dedicated to providing a safe and fun environment for your dog(s) and will take reasonable and necessary precautions to ensure the security of our guests.

### Notice:

1) There is an inherit risk of a fight, resulting in possible injury or death to your dog when there is co-mingling of dogs with different backgrounds, temperaments, and owners.

2) There is an inherit risk of disease transmission, resulting in possible injury or death to your dog, when there is co-mingling of dogs with different backgrounds, medical and treatment histories, and owners.

I hereby hold harmless and indemnify Pups Playland, its agents, officers, subcontractors, employees, pet owners, customers and potential customers from any and all liabilities, financial or otherwise, for injuries to myself, my pet(s), or any other property of mine which may arise from services that are rendered by Pups Playland or as a consequence of my association with Pups Playland except to the extent caused by gross negligence.

In consideration of the services rendered by Pups Playland, I agree to assume all liability financial or otherwise, for the behavior and health of my pet arising in connection with such services. I waive any and all claims, actions, or demands of any nature, either foreseen or unforeseen, that I may have against Pups Playland relating to the care, control, health, and safety of my pet arising in connection with the services that are rendered by Pups Playland except to the extent caused by gross negligence, bad faith, or intentional misconduct of the indemnified parties.

I hereby authorize Pups Playland, its agent, officers, sub-contractors, and employees to do whatever they deem necessary for the safety, health and well-being of my pet while under the care of Pups Playland.

I consent to photos of my dog(s) to be used in promotional materials, printed and electronic, for Pups Playland unless requested by owner.

By signing below, I acknowledge that I have read this agreement and release of liability in its entirety and agree to the terms. This agreement shall be binding for every time services are rendered by Pups Playland on my behalf.

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

My dog's name(s) \_\_\_\_\_