

# Doggie's Wonderland

460 Independence Pkwy. Plano, TX 75074  
(972) 881-1905, Fax (972) 596-0680

120 E. Bethel School Rd. Coppell, TX 75019  
(972) 745-9100, Fax (972) 393-1079

## Client Information

Owner's Name: \_\_\_\_\_

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

Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_, E-mail (for news & promotion): \_\_\_\_\_@\_\_\_\_\_

\* Who else are authorized to pick up my dog(s): \_\_\_\_\_, \_\_\_\_\_

\* I allow \_\_\_\_\_ to share kennel & be fed together with my dog(s) \_\_\_\_\_ (Please initial)

How did you learn about us: \_\_\_ Drive by, \_\_\_ Internet, \_\_\_ YELP, My Vet: \_\_\_\_\_

Event: \_\_\_\_\_, Referral By: \_\_\_\_\_, Other: \_\_\_\_\_

## Emergency Contact (other than yourself)

Name: \_\_\_\_\_, Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Your Vet: \_\_\_\_\_, Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## Terms and Conditions of Agreement

1. I understand that I am solely responsible for any harm caused by my dog (s) while my dog(s) is/are attending Doggie's Wonderland ("DW"). I also agree that if I fail to provide proof of updated vaccinations or if vaccinations are expired, DW has the right to refuse service.
2. I understand and agree that DW is relying on my representation of my dog(s) is/are in good health condition and behavior including but not limited to showing aggression or threatening behavior toward any other person or any other dog. **Further, I understand and agree that DW and their staff will not be held responsible for injury to my dog(s) attendance and participation at DW and I release and hold DW harmless of any liability whatsoever.**
3. I understand that due to DW's open play environment and the natural behavior of dogs, scratches, scrapes or bite wounds could accidentally occur, and agree that any medical emergency that may develop with my dog(s) will be treated as deemed best by DW's staff, at their sole discretion, and that I will assume full financial responsibility for any and all expenses involved. DW offers a Health Plan, at the rate of \$1 a day, which covers all accidental injuries caused by other dogs while staying at DW (up to a limit of \$500 in expenses). **I understand that this Health Plan is being offered for my benefit and that DW's offer or my decision to accept it or not does not in any way change my release and agreement to hold DW harmless of any liability whatsoever as stated in Section 2 above.** \_\_\_\_\_ (Please initial)  
I was offered the Health Plan but I decline the offer. \_\_\_\_\_ (Please initial)  
I don't like the "Open Play" concept and I don't want my dog(s) to play and social with other dogs. \_\_\_\_\_ (Please initial)
4. **I hereby release, hold harmless and discharge DW, its officers, directors, owners, employees or its assigns from all actions, claims or demands that I, my legal representatives, guardians, heirs or assigns now have or may in the future have for injury, loss, damage from disease, death, running away, theft, fire, injury to persons, injury from other dogs, to my dog resulting from my dog's activities at DW whether or not resulting from the negligence, gross negligence or misconduct of any person, or the actions of another animal. I also agree to indemnify, defend and hold harmless DW, its officers, directors, owners, employees and/or its assigns, from any and all claims due to any damage the pet may cause to any person or other animal while on the DW premises.** In the event DW deems it necessary to employ legal counsel to protect their rights under this agreement, the owner/agent of the dog agrees to pay all expenses incurred by DW to enforce their rights under this agreement including but not limited to costs and reasonable attorneys fees.
5. I understand that Doggie's Wonderland reserves the right to deny admittance, and/or remove from the premises, or segregate any pet at their discretion. In the event that my pet needs to be removed from the premises, Doggie's Wonderland will attempt to contact me at the numbers provided. In the event I cannot be reached or my emergency contact cannot be reached, Doggie's Wonderland may proceed with removal of my dog to my authorized veterinarian.

I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and a contract between myself and DW.

Name of Owner (print) \_\_\_\_\_

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Dog Profile

Dog's Name: \_\_\_\_\_, Breed or Mix: \_\_\_\_\_

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_, Sex: \_\_\_ Male (Neutered: \_\_\_ Yes, \_\_\_ No), \_\_\_ Female (Spayed: \_\_\_ Yes, \_\_\_ No)

Coat Color: \_\_\_\_\_, Weight: \_\_\_\_\_, Tattoo: \_\_\_\_\_

Microchip No: \_\_\_\_\_, Distinguishing marks or characteristics? \_\_\_\_\_

If you have more than one dog, do you allow them to share the same kennel & be fed together: \_\_\_ Yes, \_\_\_ No

## Feeding

DW will provide dog food for boarding dogs. Dog(s) with medical reasons, special needs, or if you would like your dog(s) to stay on his/her own diet or dog(s) has sensitive stomach (change food may cause diarrhea), please bring your own dog food.

Amount per feeding: \_\_\_\_\_ Per day: \_\_\_ Morning, \_\_\_ Noon, \_\_\_ Evening

Special instruction: \_\_\_\_\_

Any treats your dog(s) may not have or allergic to? \_\_\_ No, \_\_\_ Yes, what are they? \_\_\_\_\_

## Behavior

Has your dog been in daycare/boarding before? \_\_\_ No, \_\_\_ Yes, how did it behave? \_\_\_\_\_

Has your dog been to a dog park before? \_\_\_ No, \_\_\_ Yes, how did it behave? \_\_\_\_\_

Has your dog been socialized with other dogs? \_\_\_ No, \_\_\_ Yes, how did it reacts: \_\_\_\_\_

Has your dog ever bitten someone? \_\_\_ No, \_\_\_ Yes, what's the circumstance? \_\_\_\_\_

Has your dog ever been bitten? \_\_\_ No, \_\_\_ Yes, what's the circumstance? \_\_\_\_\_

Does your dog have any problems in the following areas? If yes, please describe.

1. Barking \_\_\_ No, \_\_\_ Yes; \_\_\_\_\_
2. Digging \_\_\_ No, \_\_\_ Yes; \_\_\_\_\_
3. Jumps up \_\_\_ No, \_\_\_ Yes; \_\_\_\_\_
4. Destructive chewing \_\_\_ No, \_\_\_ Yes; \_\_\_\_\_
5. Housetraining \_\_\_ No, \_\_\_ Yes; \_\_\_\_\_
6. Shy or Nervous \_\_\_ No, \_\_\_ Yes; \_\_\_\_\_
7. Runs away \_\_\_ No, \_\_\_ Yes; \_\_\_\_\_

Has your dog had obedience training? \_\_\_ No, \_\_\_ Yes, commands your dog knows: \_\_\_\_\_

Please add any comments or information that you feel might be helpful: \_\_\_\_\_

## Health Condition

What is the current health condition of your dog? \_\_\_ Excellent, \_\_\_ Good, \_\_\_ Fair, \_\_\_ Poor

What flea/tick/parasite control do you use? \_\_\_\_\_

## Please attach a copy of most recent vaccinations.

It is the owner's responsibility to inform Doggie's Wonderland of any existing health conditions or any new health conditions as they are identified. On admission, all dogs must be free from any conditions that could potentially jeopardize other dogs. Dogs that have been ill with a communicable disease in the last 30 days will require veterinary certification of health to be admitted or readmitted.