

Enrollment Form



Resort & Daycare

We are thrilled your dog will be joining the fun here at The Woof Den! Please fill out the forms below to the best of your knowledge and return them to the main office. Please bring vaccination records with you or your veterinarian's office may fax them ahead of your appointment.

704-483-3641- fax 704-483-6363 e-mail twoofden@gmail.com

Pet Profile

Dog's Name: _____ Breed/Description: _____

Neutered Male Spayed Female Date of Spay/Neuter: _____

Birthday: ____/____/____ Weight: _____ Color: _____

Where did you acquire your dog?: Breeder Rescue/Shelter Re-homed Other

Please Specify: _____

Behavior: (check all that apply)

- Has attended daycare Goes to the dog park Crate-trained
- Has had formal training Displays separation anxiety Has bitten someone
- Displays leash aggression Has had an altercation with another dog Fear of Strangers
- Frightened by loud noises Food Aggressive (Dogs or Humans?) Toy Aggressive

Please explain any of the above checked boxes: (if necessary) _____

Fears: _____

Prone to eating foreign objects: _____

Lives with other household pets: _____

- Interacts well Somewhat interacts Does not interact at all Indifferent

Health History: (check any that have occurred in the last 6 months)

- Ear Infection Food Allergies Worms (heart/tape) Canine Cough
- Eye Infection Gastritis/Bloat Heat Stroke Seizures
- Injuries Environmental Allergies

Surgeries: _____

Regular Medications: (List Name, Dosage & Frequency) _____

Please explain any health conditions listed above: _____

Preventative Health Maintenance: (please indicate brand used)

Is currently taking a flea and tick preventative: _____

Is currently taking a heartworm preventative: _____

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The **W** **f** Den

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Owner Information

Full Name(s): _____

Address: _____

City, State & Zip: _____

Email: _____

Please check if you DO NOT wish to receive The Woof Den updates and special offers via email.
We NEVER sell information to third parties.

Phone(s): _____ home work cell
_____ home work cell
_____ home work cell
_____ home work cell

Emergency Contact: (if you cannot be reached)

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Veterinarian:

Name of Animal Hospital: _____

City & State: _____

(In the event of an emergency, you will be notified and your dog will be taken to the nearest vet)

Services interested in:

Boarding Daycare Grooming Other: _____

How did you hear about us? (check all that apply)

- Community Event* Shelter/Rescue* Advertisement*
- Internet Search Drive-by Saw Brochure/Business Card*
- Veterinarian/Trainer* Existing Client* Other*

*Please Specify: _____

Is there anything else we should know about you or your dog?

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Feeding Instructions

Dog Name: _____ (Must fill out a separate form for each dog.)

Dry Food: (Circle One) AM/PM AM Only PM Only FREE Feed

(Must be individually portioned and labeled with your dog's name per meal in a Ziploc bag.)

Wet Food: (Circle One) AM/PM AM Only PM Only

Wet Food Type: (Circle One) Can Pouch Bag "Homemade" (Container)

Amount: 1/4 1/3 1/2 3/4 Whole _____ Spoonful(s)

Additional Notes/Special Instructions:

If your dog is not eating his/her food please circle which options you give The Woof Den staff permission to add to their food:

Water Chicken Broth Beef Broth Spoonful Chicken (Can Wet Food) Spoonful Beef (Can Wet Food)

Fees:

Water: FREE

Broth: **\$1.50 +tax** (remainder of container will be sent home)

Can of Chicken or Beef (Brand is: American Journey): **\$2.99 +tax** (remainder of can will be sent home)

Please initial each line:

____ I agree to submit an updated form to The Woof Den any time my dogs feeding instructions change.

____ I agree to pay all fees, if applicable, for broth or can food.

____ I agree to bring each dry meal in an individual Ziploc bag that is LABELED with my dog's name. I also agree to label each can, pouch, bag, or container of wet food with my dog's name. (If you bring cans, you must provide a can topper labeled with your dog's name on it.)

Electronic Signature:

By entering my full name below, I am acknowledging that I have read, understand, and agree with the above. I understand that my typewritten name in the field below constitutes my electronic signature, which is equivalent to my legal handwritten signature.

X _____ Date: _____

Enrollment Form

Medication

Dog Name: _____ (Must fill out a separate form for each dog.)

All medication, supplements and/or vitamins that need to be administered by The Woof Den staff must come in the prescription bottle, original container or original bag or they can NOT be administered. Any medication, supplements and/or vitamins brought in a Ziploc bag, food bag or other type of container will have to be given back to the dog owner at drop off.

List all medication, supplements and/or vitamins your dog takes as well as the dosage, times and instructions on how to administer them.

Medication & Dosage: 1. _____

Medication & Dosage: 2. _____

Medication & Dosage: 3. _____

Medication & Dosage: 4. _____

Medication & Dosage: 5. _____

Instructions on how to administer: (example: pill pocket, peanut butter, cheese, ham, etc.):

Please initial each line:

____ I agree to bring all medication, supplements and/or vitamins in their prescription bottle or original container.

____ I agree to submit an updated form to The Woof Den any time my dog's medication changes.

____ I agree to provide any items my dog needs to take their medication (pill pockets, peanut butter, etc.)

Electronic Signature:

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X _____ Date: _____

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Owner Agreement

I, _____, hereby certify that my dog(s):

Is/are in good health and have not been ill with any communicable diseases or parasites in the last 30 days. I also have read and understand and agree to the following:

1. I understand that The Woof Den is an open-play environment and because of this there are inherent risks, which even when closely monitored may result in the following:
 - a. Transfer of a communicable illness such as, but not limited to, "kennel cough," also known as the Bordetella virus, "puppy warts" also known as the canine papilloma virus, or parasites.
 - b. Injuries, usually benign, such as broken nails, sore pads, puncture wounds, abrasions and cuts, particularly in shorter coated breeds, etc.
 - c. Behavioral problems.
2. If health or behavioral problems develop with my dog(s), that these will be treated as deemed best by the staff of The Woof Den within their sole discretion, and that I assume full financial responsibility for any and all expenses involved.
3. The Woof Den and their staff will not be liable for any health or behavioral problems that may develop in my dog(s), and I hereby release them of any liability of any kind whatsoever arising from my dog(s) attendance and participation at The Woof Den.
4. I hereby give consent for emergency medical care as prescribed by a licensed veterinarian. This care may be given under whatever conditions are necessary to preserve life, limb or well being of my pet.
5. I am solely responsible for any harm, including to any other dog(s), to the employees or invitees of The Woof Den, or to the equipment, physical plant, or other property of The Woof Den, caused by my dog(s) while my dog(s) is/are attending The Woof Den.
6. Photographs or other graphic, sound, or other image, likeness, recording, etc., may be made of my dog(s) by The Woof Den and that such may be used for any purpose without compensation, and I release to The Woof Den all rights that I may possess or claim to such image, likeness, recording, etc.
7. Payment is expected when services are rendered. If any amounts remain due after thirty days, The Woof Den reserves the right to impose interest at a rate of 1.5% per month until paid. If The Woof Den pursues collection proceedings, I will pay reasonable attorney fees and costs of collection.
8. In the event your dog is left at the facility for 10 days past scheduled pick-up without payment and/or notification, the dog will be considered abandoned and The Woof Den Resort & Daycare will have full rights to the dog and the ability to rehome the dog at our discretion.
9. I have read and understood all terms of this agreement, including the following:

Hours of Operation/Late Fees:

The Woof Den Resort & Daycare is open to the public from 6am-6:30pm Monday through Friday and 7am-5pm Saturday and Sunday. We impose a \$5.00 late fee for dogs picked up after regular business hours. If your daycare dog is not picked up at closing time, we will assume that he/she is boarding and will impose an overnight charge accordingly.

Electronic Signature:

By entering my full name below, I am acknowledging that I have read, understand, and agree with the above. I understand that my typewritten name in the field below constitutes my electronic signature, which is equivalent to my legal handwritten signature.

X _____

Date: _____