

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](mailto: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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Preventative Health Maintenance: (please indicate brand used)

Is currently taking a flea and tick preventative: \_\_\_\_\_

Is currently taking a heartworm preventative: \_\_\_\_\_

Enrollment Form **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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\_\_\_\_\_  
\_\_\_\_\_

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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 \$10.00 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: \_\_\_\_\_