

ALL CREATURES BOARDING AND GROOMING

6572 WILLIAMS RD. ROME, NY, 13440



Owner Information:

Name: _____ Address: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Pet Information:

1. Name: _____ Breed: _____ Weight: _____
Spayed/Neutered: _____ Color: _____ Gender: _____
2. Name: _____ Breed: _____ Weight: _____
Spayed/Neutered: _____ Color: _____ Gender: _____
3. Name: _____ Breed: _____ Weight: _____
Spayed/Neutered: _____ Color: _____ Gender: _____

Emergency Contact:

Name: _____ Phone number: _____

Authorized persons to pick up your pet(s): _____

How did you hear about us: _____

Has your dog ever been in a doggy day care environment: _____

How is your pets with resident animals: _____

How is your pet with visitor animals: _____

How does your dog react to strangers at home: _____ at a public
place _____ at family/friends home _____

Does your dog like children: _____

Does your dog have any fears or dislikes: _____

Has your dog ever bitten someone: _____ Please explain: _____

Has your dog ever bitten another dog (or has been bitten by): _____ Please explain: _____

_____.

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Does your dog have any of the following: **Circle all that apply:** Resource Guarding, Food Aggression, Toy Aggression, Reverted Aggression, Dog Aggression, People Aggression, Other Aggression.

If any circled please explain: _____

Has your dog been to formal obedience training: _____ If yes where: _____

What commands does your dog know? (circle all that apply): Sit Down Heel Come Leave it Wait Stay Off Wait Settle Other: _____

Does your dog have any problems listed here: **Please circle any that apply:** Mouthiness Barking Jumping Leg Lifting Fence Jumping Digging Housetraining Chewing Separation Anxiety

If any circled please explain: _____

Does your dog share toys or food: _____ Ever been to a dog park: _____

Is your dog crate trained: _____ Any other information we should know about your dog(s): _____

Veterinarian Information:

Name: _____ Address: _____

Phone: _____ IS your pet on medication that would require us to administer: _____ if yes please provide medication names: _____

Do we have your permission to bring your dog to your veterinarian if he or she becomes sick or hurt? _____ If yes please sign: _____

Do we have permission to bring your pet to Village Veterinary for care if your pet becomes sick or hurt in the event your veterinarian is unavailable: _____ If yes please sign: _____

Has your dog ever been groomed before: _____ If so where: _____

Is your dog on flea and tick prevention as well as heartworm prevention: _____

Does your dog have any of the following: Circle all that apply: Hip Dysplasia, Joint Issues, Allergies, Seizure disorders. If any circled please explain: _____

Does your dog have any sensitive areas on the body we should be aware of: _____

OWNER AGREEMENT

I _____ hereby certify that my dog(s) _____

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_____ is in good health and have not been ill with any communicable diseases in the last 30 days. I further certify that my dog(s) has/have not harmed or shown any aggression or threatening behavior towards people or other dogs. I have also read and understand the following :

1. I understand that I am solely responsible for any harm caused by my dog(s) while he/she/they are attending boarding and or daycare at All Creatures Boarding and Grooming. This is including any medical bills caused by dog bites to staff, clients or other day care dogs.
2. I further understand that I have provided all truthful and honest answers when submitting this form to allow All Creatures to accept my dog(s) into their daycare program.
3. I further understand that I accept sole liability for any problems that develop from my dogs attendance and participation in Doggie Daycare. All Creatures, including their staff and volunteers are released from any liability.
4. I further understand that dogs may receive minor cuts and scrapes while in daycare. All creatures staff of Stay and Play, Daycare will treat the cuts, scrapes at their sole discretion. I understand that further medical treatment will be my own financial responsibility for any and all expenses involved.
5. I further understand if my vet gives the Bordetella vaccination by intranasal I will need to revaccinate every 6 months. I further understand that I need to keep my vaccine history up to date with All Creatures and proof submitted every 6 months/1 year.

I certify that I have read and understand the policies and procedures of the center and that I have read and understand the conditions and statements of the agreement.

Owners Name: _____

Owners Signature: _____

All Creatures Staff Signature: _____

Date received: _____ Dog Name(s) : _____