



## AGREEMENT & WAIVER FORM

By signing this document I, as the owner/agent/guardian, guarantee that I will be personally liable for all expenses resulting from daycare, boarding, bathing and grooming, veterinarian fees, property damage fees or any other expenses incurred while my dog is visiting or being boarded at **dogs R dogs**. I also understand that as the owner/agent/guardian I agree to indemnify and hold harmless **dogs R dogs**, its owners, agents and employees for any damaging acts to property or other animals while my pet is on the premise. Also by signing this form I authorize any **dogs R dogs** agent and/or employee to seek immediate veterinary care for my dog if deemed necessary by the agent and/or employee.

I understand that **dogs R dogs** is a cage free daycare facility with an open play environment. I accept all risks involved and agree that I am solely responsible for any harm caused by my dog and agree that **dogs R dogs** is not liable for any injuries or illnesses during my dog's attendance. I further understand that due to the open play environment, there are inherent risks involved when dogs interact with one another. Injuries such as abrasions, scratches, cuts, broken nails, sore pads, or puncture wounds can occur even though the dogs are carefully supervised and monitored to avoid such injuries.

I also understand and agree that in admitting my dog, **dogs R dogs** is relying upon my representation and warranty that my dog is in good health and has not harmed or shown aggressive or threatening behavior towards any person or any other dogs. I understand and agree that any behavioral and/or health problems that may develop during my dog's stay, will be handled and treated in the best interest of the dog. Any treatment will be the sole discretion of **dogs R dogs** agent and/or employee, and that I assume full financial responsibility for any and all expenses involved.

I represent and warrant that my dog has not been ill with any parasites or communicable condition or otherwise in the last 30 days before his/her admittance to **dogs R dogs**. I also represent and warrant that all required vaccinations for the dog are current and up to date. I further understand and agree that even if my dog is vaccinated for Bordetella (Kennel Cough), there is always a chance that the dog can still contract Kennel Cough. I agree to not hold **dogs R dogs** responsible if my dog contracts Kennel Cough.

I hereby release **dogs R dogs** from any liability of any kind for any loss or expense that I may suffer or bear as a result of any happenings such as disappearance, runaway, sickness, injury, and death from any cause, fire, theft, etc. during the time that my dog is in the custody and control of **dogs R dogs**. In the unfortunate case of death, I understand I am responsible for any expenses incurred. Reasonable care and precautionary measures will always be followed. Although **dogs R dogs** carefully screens all applicants, the facility is occasionally discovered not to be an appropriate environment for every dog. **dogs R dogs** reserve the right to refuse service and permanently evict any dog at any time and for any reason without explanation. I understand the manager has the right to release client files at their discretion.

I understand that I shall be liable for all fees incurred for the care and/or maintenance of my dog. I understand that payment is expected when services are rendered. If any amounts remain due after thirty days, **dogs R dogs** reserves the right to impose a late fee until amount is paid in full. If **dogs R dogs** pursue collection proceedings, I will pay reasonable attorneys fees and costs of collection. I understand that my pet can be used in promotional materials and will not require compensation for use of any images.

I certify that I have read and understood the terms as set forth herein and that I have read and understood this agreement. I agree to abide by all **dogs R dogs** policies and accept all the terms, conditions and statements of this agreement and confirm the truthfulness of the contents of the application form completed by me. I certify by signing this document that I am fully aware of all risks and that all information provided by me in my application form is complete and accurate. This document is considered legal and binding.

---

Print Name

Signature

Date

---

Dog's Name

Breed

---

Dog's Name

Breed



3113 Shepherd Dr. Houston, TX 77098

## OWNER'S INFORMATION

**Dog's Name:** \_\_\_\_\_

**Parent's Name:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip code:** \_\_\_\_\_

**Home phone:** \_\_\_\_\_ **Cell phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Additional Contact Numbers:** \_\_\_\_\_

**How did you hear about us?** ( ) Bing ( ) Drive-By/Walk-By ( ) Facebook ( ) Flyers ( ) Google ( ) Internet/Website ( ) KPRC/Channel 2 Adopt-A-Pet ( ) Pet Talk ( ) TV ( ) Yelp ( ) Referral \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Relationship to Owner:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Relationship to Owner:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

## VETERINARIAN INFORMATION & EMERGENCY PROTOCOLS

**Office:** \_\_\_\_\_

**Veterinarian's Name:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

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

**What would you like us to do in the case of an emergency (we assume "Take to the nearest veterinarian & then call" if left blank)?**

- ( ) Contact before taking to vet
- ( ) Take to the nearest veterinarian & then call
- ( ) Prefer to use my own veterinarian so wait for my dog to be picked-up



3113 Shepherd Dr. Houston, TX 77098

**In the unfortunate case of your pet passing, please choose one:**

- Contact only me.
- Contact all emergency numbers if I cannot be reached.
- Notify me when I return to dogs R dogs. I request that dogs R dogs does not call any emergency numbers.

**Please specify your preference:**

- I request that dogs R dogs make arrangements for cremation at Sunset Animal Hospital, and I agree to pay for any expenses incurred.
- or
- I request that dogs R dogs make arrangements to keep my pet's body at Sunset Animal Hospital, and I agree to pay for any expenses incurred. I will contact Sunset Animal Hospital for further arrangements.

**PET PROFILE**

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

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_\_\_ Weight: \_\_\_\_\_ Spayed: \_\_\_\_\_ Neutered: \_\_\_\_\_

Breed: \_\_\_\_\_ Color/Markings: \_\_\_\_\_

License #: \_\_\_\_\_ Tattoo: \_\_\_\_\_ Microchip: \_\_\_\_\_

**GENERAL INFORMATION**

Dog's Behavior with People:  Fearful  Aggressive  Dominant  Submissive  Other: \_\_\_\_\_

Dog's Behavior with Other Dogs:  Fearful  Aggressive  Dominant  Submissive  Other: \_\_\_\_\_

Has your dog ever bitten another dog or a human?  Y  N How severe was the injury? \_\_\_\_\_

Explain: \_\_\_\_\_

How long have you owned your dog? \_\_\_\_\_

Where did you acquire your dog? \_\_\_\_\_

If adopted, do you have good knowledge of your dog's history? \_\_\_\_\_

Has your dog been to a daycare/boarding facility before? \_\_\_\_\_ Where? \_\_\_\_\_

How often did your dog attend the facility? \_\_\_\_\_

How did your dog behave there? \_\_\_\_\_

## BEHAVIOR

Explain your dog's personality \_\_\_\_\_

Does your dog play well with others? \_\_\_\_\_

What is your dog's activity level? ( ) Low ( ) Medium ( ) High

Has your dog shown aggressive behavior towards people? ( ) Y ( ) N

Explain: \_\_\_\_\_

Is your dog house trained? ( ) Y ( ) N

Is your dog crate trained? ( ) Y ( ) N

Has your dog had obedience training? ( ) Y ( ) N Where? \_\_\_\_\_

What commands does your dog know? \_\_\_\_\_

Does your dog have any problems/issues in the following areas? Check all that applies

( ) Separation Anxiety

( ) Eating Foreign Objects

( ) Excessive Barking

( ) Jumping/Climbing

( ) Running Away/ Escaping

( ) Food or Toy Aggression

( ) Chewing/ Destructive Behaviors

( ) Others \_\_\_\_\_

Is your dog easily scared by anything? (noises, actions, smells, or certain objects)

Explain: \_\_\_\_\_

Is there any particular type of person your dog tends to fear or dislike? (gender, children, etc)

Explain: \_\_\_\_\_

## MEDICAL & HEALTH

Is your dog on a special diet? ( ) Y ( ) N

Brand: \_\_\_\_\_

How many times a day would you like your dog fed? ( ) None ( ) 1x per day ( ) 2x per day ( ) 3x per day

Quantity to be fed? \_\_\_\_\_ cup (s)

Is your dog allowed snacks/treats? ( ) Y ( ) N

Does your dog need to be given any medications? ( ) Y ( ) N Medications: \_\_\_\_\_

Dosage instructions: \_\_\_\_\_

Does your dog have any additional allergies/sensitivities/health issues that we should know about?

\_\_\_\_\_  
\_\_\_\_\_



3113 Shepherd Dr. Houston, TX 77098

## BATHING AND GROOMING

### Parent Information for Bathing and Grooming

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Home phone: \_\_\_\_\_  
Cell phone: \_\_\_\_\_

### Dog Information for Bathing and Grooming

Dog's Name: \_\_\_\_\_  
Breed: \_\_\_\_\_  
Color/Markings: \_\_\_\_\_ Weight: \_\_\_\_\_  
Age: \_\_\_\_\_ Sex: ( ) Male ( ) Female  
Veterinarian Office: \_\_\_\_\_

Is there anything we should be aware of before grooming your pet (anxious, nervous, does not like ears cleaned, nails cut...etc.)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your pet's visit to us is very important and we want to assure you that every effort will be made to make his/her visit as pleasant as possible. Occasionally when bathing and grooming a pet some hidden medical problems can become evident such as ear infections, sores and/or skin allergies. Also, regardless of how careful we are, problems can occur during or after the grooming such as nicks and clipper burns. In either case, you will always be advised of the situation upon pick-up.

**dogs R dogs** have the right to refuse bathing and grooming for any animal that may be a threat to itself or any person. We also want to protect our employees and customers' pets from possible infections. We ask that your pet has all their current vaccinations including Rabies, Distemper/Parvo, and Bordetella.

I have read and understood the foregoing cautions printed above. I realize that bathing and grooming my pet may cause injury or an allergic reaction to my pet(s), and should such an occurrence arise, I will be responsible for any veterinary care required for my pet. I consent to and authorize the bathing and grooming of my pet(s) and I release **dogs R dogs** and its employees and/or independent contractors from any responsibility or liability arising out of the performance of those services. My pet is also current on all vaccinations including Rabies, Distemper/Parvo, and Bordetella.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Thank you for completing this form and for your interest in **dogs R dogs**.

