

Canine Enrollment Form

TODAY'S DATE: _____

PLEASE PRINT CLEARLY IN INK

Full name and address (including zip) of owner / person/s responsible for payment:

Driver's License Number:

State license is issued in: _____

Home Phone (____) _____

Work Phone #1 (____) _____

Work Phone #2 (____) _____

Cell Phone #1 (____) _____

Cell Phone #2 (____) _____

E-mail _____

Contact me via: _____

How did you hear about us? _____

PET INFO

Name of Dog we are sitting for: _____

(if more than one pet, fill out a separate Enrollment Form for each pet)

Primary Breed _____ Age or Birthdate _____

Male _____ Female _____

Spayed or Neutered? YES NO

Color and Markings _____


List any Medications and dosages your dog is currently on and what they are for:

Does your dog have any allergies to anything? Yes No

If yes, please list and explain:

Does your dog have any existing medical conditions such as epilepsy, asthma, diabetes, etc.? Yes No

If yes, please list and explain: _____

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Feeding

Give specific feeding instructions for your pet. Include all pertinent information such as brand of food, type of food (canned or dry), amount, time of day to feed, number of times per day to feed, etc.

*Please Note: If owner does not supply enough food, we will feed our brand of DRY dogfood, but be aware that sudden changes in diet can cause an upset stomach and diarrhea. We do not stock moist/canned food or other specialty/gourmet items.

Temperament and Behavior

Does your dog have a history of biting? Yes No

If "Yes," what were the circumstances and does the dog still bite? _____

Has your dog ever snapped or growled at anyone that has touched his/her food or toys? Yes No

If "Yes," explain the circumstances _____

Does your dog have bathroom accidents in the house? Yes No Sometimes

Has your dog destroyed bedding numerous times? Yes No


If "No" is circled and dog does destroy our bedding, owner takes full responsibility and will pay to replace our bedding (replacement cost is \$20- \$70, depending on which bed is destroyed) or you may provide your own)

Does your dog get along with other dogs? Yes No Does your dog get along with cats? Yes No

Does your dog jump over fences? Yes No

Is there anything your dog DOES NOT like (i.e. touching ears, touching head, etc.)? Please list:

What basic commands does your dog know (i.e. "sit," "stay," and ESPECIALLY "go to the bathroom" phrases)

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Personal

What is your current form of Flea / Tick control? Advantix Frontline Other _____

flea/tick/heartworm preventatives are required for all "on premises" pets

What are your dog's favorite forms of affection (i.e. rubbing belly, scratching ears, etc.)? Please list:

Is your dog allowed to have treats? Yes No

If "Yes," what kinds / brands? _____

Which treats is your dog NOT allowed? _____

Where does your dog sleep when he/she is at home?

Was this dog crate-trained as a puppy? Yes No

Is there anything else not covered that you would like us to know about your dog that would help us take better care of him/her? (i.e. pet is afraid of thunderstorms, etc.) _____

EMERGENCY CONTACT INFORMATION:

List the name, address, and phone number of a close friend or relative that you want us to contact should something happen to you while we are caring for your pet. If because of some unforeseen tragedy you are not able to take your dog back at the conclusion of service, your pet will then be turned over to your Emergency Contact person. In this way, your pet will be returned to people who are familiar to him/her. You should make this person aware that you have listed them as a guardian for your pet.


Full Name: _____

Address: _____

Home Phone #: ____ (____) _____

Cell Phone #: ____ (____) _____

Work Phone #: ____ (____) _____

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The following persons are permitted to pick up my pet:

The following persons are NOT permitted to pick up my pet:

VETERINARY INFORMATION

Name: _____

Address: _____

City: _____

State: _____


Phone #: _____ ()

Doctor's Name: _____

PERMISSION FOR PROMOTION

- I agree that my pet, his/her name, and/or likeness may appear in Chrissy's Castle of Critters promotional materials, including but not limited to advertising, printed materials, promotional video media, news programs or other press-related materials, magazines, on television, radio, the internet, and/or on Chrissy's Castle of Critters website from time to time.

- I DO NOT agree to using my pet's name or likeness for any promotional purposes mentioned above.

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CLIENT AGREEMENT:

This is a contract between Chrissy's Castle of Critters (hereinafter called "Chrissy's Castle") and the pet owner whose signature appears below (hereinafter called "Owner"). Owner is defined as the pet's custodian, daily caretaker, and person(s) / individual(s) responsible for care and well being of the pet.

1. Owner agrees to pay any balance in full for boarding/grooming/daycare on the date the pet is checked out of Chrissy's Castle.
2. Owner further agrees to pay all costs and charges for special services requested, including but not limited to, any and all veterinary costs for the pet during the time the pet is in our care. This can include but is not limited to medical bills, prescriptions, or any form of medication.
3. Owner further agrees that the pet shall not leave Chrissy's Castle until all charges for all services are paid by Owner.
4. By signing this contract and leaving the pet with Chrissy's Castle, Owner certifies to the accuracy of all information given about said pet. Owner certifies that Owner has reviewed Owner's pet's vaccination records and hereby affirm that the information reflected therein is true and accurate to the best of Owner's knowledge. Owner further affirms that Owner has informed Chrissy's Castle of any known injuries, illnesses, or ailments from which Owner's pet(s) may currently suffer and believe the pet(s) to be in sufficient health to safely utilize Chrissy's Castle facilities and services.
5. Chrissy's Castle shall exercise reasonable care for the pet delivered by the Owner to Chrissy's Castle for boarding and day care. It is expressly agreed by Owner and Chrissy's Castle that Chrissy's Castle's liability shall in no event exceed the current chattel value of a pet of the same species or the sum of \$200.00 per animal boarded or in day care. The Owner further agrees to be solely responsible for any and all acts or behavior of said pet while it is in the care of Chrissy's Castle.
6. Owner specifically represents that he or she is sole owner of the pet, free and clear of all liens and encumbrances.
7. Owner certifies that the pet has not bitten, attacked, or assaulted anyone or another pet and has not exhibited or displayed any dangerous or vicious behavior prior to admittance to Chrissy's Castle.
8. The Owner agrees that if the pet shows any signs of fleas or ticks during its stay, Chrissy's Castle may bathe the pet and the Owner will be charged accordingly.
9. Owner specifically represents to Chrissy's Castle that the pet has been vaccinated against rabies, parvo, hepatitis, and distemper and that these vaccinations are current (Veterinary records must accompany this signed agreement).
10. Owner specifically represents to Chrissy's Castle that the pet is current on his/her Bordetella vaccination (Kennel Cough), and that a fecal sample analyzed by a licensed veterinarian was taken within 6 months (yearly after enrollment) showing no Giardia/parasites (Veterinary records must accompany this signed agreement).
11. All charges incurred by Owner shall be payable in accordance with Chrissy's Castle's policy, whereby at least one-half (½) of estimated charges are payable upon drop off of pet, with the balance payable upon pick up of pet.
12. Owner understands that dogs not familiar with Chrissy's Castle may experience anxiety when apart from their human companions
13. Owner understands that dogs not regularly exposed to the level of activity at Chrissy's Castle may feel the discomfort of sore muscles, sore joints, and fatigue.
14. Owner understands that long toenails may cause injury. You will be notified if your dog's nails are too long and Owner must comply with nail trimming or pet may not be allowed to return.
15. Owner understands that dogs not regularly socialized do not necessarily know how to behave politely with other dogs. Owner further understands that these dogs are at higher risk of incidents including, but not limited to, bites, fights, fear aggression, object guarding, behavior problems, and/or acting out.
16. Owner understands that any behavior deemed dangerous or inappropriate by Chrissy's Castle may result in dismissal from programs.
17. Owner agrees that Chrissy's Castle has permission to obtain pet's medical records from his/her veterinarian.
18. Owner understands that Chrissy's Castle staff give all dogs involved in any type of incident a cursory examination, however, Chrissy's Castle is not liable for the location, treatment, or diagnosis of any injuries incurred on our premises. It is recommended you check your pet further or seek treatment for your pet by a licensed veterinarian at your discretion and cost. Owner further understands that although it is supervised play, your dog still may acquire an occasional nip or scratch.
19. Owner understands that Chrissy's Castle has the right to deny services to Owner and Owner's pet(s) at any time, for any reason.
20. Owner agrees that if for any reason their pet(s) must be removed from Chrissy's Castle premises, Owner or someone the Owner designates (i.e. emergency contact person), will come and pick up the animal within a reasonable time frame.
21. Owner understands that if Owner's pet is left at Chrissy's Castle for a period of 3 days without their prior knowledge or contact from Owner, the pet will be considered abandoned and necessary steps will be taken to turn the animal over to the proper authorities.
22. Owner agrees to pay for all services due at the time they are rendered. Owner further understands that any unpaid fees by Owner will be sent to collections and Owner will be responsible for all collections and legal fees incurred by such actions taken.
23. Owner has read and understands all forms, including but not limited to, Canine Enrollment, Policies, and Medical Authorization Form and Owner understands all rules and regulations. This contract contains the entire agreement between the parties. All terms and conditions of this contract shall be binding on the heirs, administrators, personal representative and assigns of the Owner and Chrissy's Castle.

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CLIENT AGREEMENT (Continued)

This contract is completely integrated and cannot be modified or altered in any manner, unless said modification/alteration is reduced to writing.

Owner, his/her heirs, and any assigns hereby release Chrissy's Castle, its agents, officers, subcontractors, employees, animal owners, customers, and potential customers of Chrissy's Castle, from any and all liabilities for injuries to Owner, Owner's pet, or any other property of Owner which arise in any way out of services and/or products by or as a consequence of Owner's association with Chrissy's Castle. Owner acknowledges and understands that every pet reacts differently and that animals, by nature, are unpredictable. Dogs and animals may, without warning, bite or cause injury to humans and other pets. Owner acknowledges and understands there are certain risks involved in pet ownership, training and care, including but not limited to dog and cat fights, dog and cat bites to humans or other pets and the transmission of illness (e.g. Kennel Cough), disease, and/or parasites. Owner, therefore, agrees to indemnify and hold harmless Chrissy's Castle for any and all liabilities, costs, injuries, attorney fees, expenses which may be incurred as a result of Owner's pet's misbehavior. Chrissy's Castle reserves the right(s) to demand Owner pick up the pet and pay all expenses incurred immediately in the event that the pet misbehaves or endangers the well-being/safety of other pets, individuals, employees, etc. Owner also authorizes the release of said pet's medical records from Owner's veterinarian.

Signature of client _____

Please print name _____

**46 Sodom Road
Brewster, NY 10509
(845) 582-0646**



canine enrollment/cr☺