

HECKOFADOGHOME
WHERE PETS ARE PEOPLE TOO!!
780-581-0216

PET INFORMATION

Dogs Name _____ D.O.B. _____

Breed _____ Sex _____ (Must be spayed or neutered)

Tattoo ID _____ Microchip# _____

OWNER INFORMATION

Name _____ Phone _____ Cell _____

Address _____ Town or City _____

Province _____ Postal Code _____ E-Mail _____

EMERGENCY CONTACT INFORMATION

Name _____ Phone _____ Cell _____

Name _____ Phone _____ Cell _____

This is required information, and must be someone we can contact to remove your dog(s) on the same day in the event of an emergency such as aggressive behavior or severe destruction of property. We will always attempt to contact you first.

VETERINARY INFORMATION

Name of Clinic _____ Name of Vet. _____

Phone _____ after hours or emergency# _____

Does your dog have **ANY** history of illness (thyroid or heart conditions, allergies, chronic ear infections, hot spots etc.)?

We must be made aware of ALL medical conditions or medication prior to your dog's arrival. If your dog requires medication, please fill out our Medication Delivery Form.

TRAINING HISTORY

Guests are required to come when called, please rate your dog's recall? _____

Guests must have basic training and good house manners; briefly describe what we should expect to see while your dog shares our home and yard.

List any words that your dog understands _____

Is your dog house trained? _____ Does your dog "MARK" if male? _____

Does your dog have the occasional accident? _____

How does your dog "ask" to go outside? _____

Does your dog enjoy the outdoors? _____

Is your dog allowed on the furniture? _____

TEMPERAMENT

Please read carefully: There are all kinds of situations that can arise while your dog is enjoying the freedom of a cage less holiday and while being part of a group, such as; needing feet wiped or washed, general grooming, sharing toy's and our attention with other dogs, waiting their turn etc. **Any aggressive behaviour will result in the IMMEDIATE END of your dog's holiday.**

These are a few of my favourite things (ex: fetch, treats, cuddles etc.)_____

These are my dislikes or fears (ex: thunder, vacuums, etc.)

How does your dog respond to new people? _____

How does your dog respond to other dogs? _____

Has your dog been socialized in the past? ____ Does he/she enjoy socializing?

Does your dog nip, bite or growl at other dogs during playtime_____

Please briefly describe your dogs play style_____

Are you confident that a 5 foot fence will contain your dog? _____

Please list any **“nuisance behaviours**”** that we need to be aware of (ex: jumping up onto people, toilet drinking, excessive barking, stealing food off the countertops, etc.) **Please understand that jumping on our home and vehicles can cause damage.**

****A nuisance behavior would be ANY behavior that you would not want 10 or more dogs doing in your own home for several days straight.**

MEALTIME

We can easily accommodate any pet’s diet we have ample fridge space for moist or raw as well as dry. We feed two meals each day; breakfast and supper. Please specify your dogs feeding requirements in cups, and label your dog’s food container, with his/her name and feeding instructions. **We will provide your pet with dishes as well as treats and snacks.**

NIGHTTIME ACCOMODATIONS

Night-time accommodations are customized to ensure that your dog feels right at home.

Does your dog normally sleep through the night? _____ If no, please explain:

Does your dog typically whine or cry during the night when not with you? If yes, please explain_____

EXERCISE

We provide all the toys, and offer a wide range of exercise opportunities for your dog depending on the season.

Please describe the types of exercise and entertainment that your dog will enjoy, and that will best suit your dog's needs

ADDITIONAL INFORMATION

Please add any information you feel will help us to better understand and care for your dog:

OTHER

How did you hear about us? _____

May we use pictures of your dog on our website? _____

TERMS AND REQUIREMENTS

CONSULTATIONS, DROP OFF'S AND PICK UP'S ARE BY SCHEDULED APPOINTMENT ONLY AND MUST BE BOOKED IN ADVANCE. NO DROP IN TRAFFIC AT ANY TIME.

WE REQUIRE YOU TO SIGN OUR DROP OFF AGREEMENT EACH TIME YOU DROP OFF YOUR DOG.

CASH PAYMENT IN FULL IS DUE AT THE TIME OF DROP OFF. WE DO NOT HAVE A DEBIT/CREDIT CARD MACHINE.

The below listed requirements are non-negotiable. Please read carefully and sign below.

- It is **your** responsibility to update and maintain proof of current up to date vaccinations; including rabies, bordetella, and flea control (May 1- Sept. 30) and to provide us with a copy of your receipt or a copy of your pet's vaccination card. Failure to provide this will result in the immediate cancellation of your pet's holiday.
- A phone call at least 30 minutes prior to your arrival for any scheduled appointment, allowing us to ensure that all of our guests are safe and secure before the yard gate is opened is required.
- All dogs must be spayed or neutered.
- All dogs must arrive wearing a collar.
- Please do not send food dishes, leashes beds or bedding. They are provided.
- Dogs that are blowing their coat or shedding excessively are required to be properly brushed prior to their arrival. Clipped toenails are also appreciated. We are NOT groomers nor do we wish to provide grooming services.
- **NEVER** attempt to enter our yard without confirmation from our family that the dogs are secure. There may be dogs out and you may be putting the dogs of yourself at risk. Our home is strictly entry by appointment only.

I have read, understand and accept the terms and requirements of Heckofadoghome.

Signature _____

Date _____

Print _____

WAIVER OF RISK AND RELEASE OF LIABILITY

CLIENTS NAME: _____

PETS NAME: _____

Client represents that their pet is in all respects healthy and has received all required vaccines (DHPPC, Rabies, and Bordetella for dogs), current flea protection (Frontline, Advantage or Revolution for dogs) and that said pet does not suffer from any disability, illness, or condition which could affect said pet, other pets, or employees safety at Heck of a Dog Home Boarding.

I recognize that there is an inherent risk of injury, illness or loss in any environment associated with numerous cage less dogs in daycare and in boarding environments. I also recognize that such risks include, without limitation, injuries or illnesses resulting from fights, rough play, and contagious diseases.

Knowing these inherent risks and dangers, I understand that Heck of a Dog Home Boarding cannot be held responsible for any injury, illness, or damage caused by my dog and that I am solely responsible. I agree to indemnify and release Heck of a Dog Home Boarding harmless from any claims for damage, all defense costs, fees, and business losses resulting from any claim I make or cause to be made against Heck of a Dog Home Boarding for which it, its agents, or employees are not ultimately held to be legally responsible.

I certify that my dog has never unduly harmed or threatened anyone or any other pets.

I expressly agree to be held responsible for any damage to property (i.e. kennels, fencing, walls, flooring, other animals etc.) or cost incurred by my pet.

I expressly agree to be held responsible for medical costs due to human or other injury caused by my pet.

I understand that if my dog displays aggressive or severely destructive behavior, for the safety and health of my dog and others, my pet will be confined (at an additional cost) and that me or my emergency contacts are required to remove my pet from his/her stay **on that day** with no offset or deduction in price for my time booked.

I REPRESENT THAT I HAVE MADE FULL DISCLOSURE AND HAVE READ, UNDERSTAND, AND ACCEPT THE TERMS AND CONDITIONS STATED IN THIS AGREEMENT, AND ACKNOWLEDGE THAT THIS AGREEMENT SHALL BE EFFECTIVE AND BINDING UPON THE PARTIES.

Date: _____

Clients Signature: _____

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MEDICATION DELIVERY FORM

I, understanding that The Heck family have many years of experience, but no formal Veterinary training; have requested that the following medications be administered to my dog(s) during his or her stay. I release The Heck's from any liability if any complications or injury occur as a result of this medication, or the administration of it.

Dogs Name: _____

Name of Medication: _____

Reason for Medication: _____

Amount of Medication: _____

Time or times of day medication is to be administered:

Special Instructions (sprinkle on food, injection etc.)

Signature

Date