

Doggie Paradise Registration

145 Paterson Ave, Wallington, NJ 07057
Phone: (973)-574-8855 Fax: (973)-574-8188
staff@doggieparadise.net www.doggieparadise.net

Human information

Name: _____

Address: _____ Apt: _____

City: _____ Zip: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

E-mail Address: _____



Others to whom we can release your dog:

1) Name: _____ Relationship: _____

Phone: _____ Cell: _____

2) Name: _____ Relationship: _____

Phone: _____ Cell: _____

Vet Information

Name: _____

Address: _____

City: _____ Zip: _____

Phone: _____ Fax: _____

E-mail Address: _____

Emergency Contacts other than owner and vet. Please List 3!

If you are traveling, list someone who will not be traveling with you

Please list people who know your dog, can pick up the dog and will be available to take them to the vet if needed.

1) Name: _____ Relationship: _____

Phone: _____ Cell: _____

2) Name: _____ Relationship: _____

Phone: _____ Cell: _____

3) Name: _____ Relationship: _____

Phone: _____ Cell: _____

Dog's information

Name: _____ D.O.B: _____ Age: _____

Breed: _____ Color: _____

Weight: _____ Gender: Male or Female

Neutered/Spayed: Yes or No (Required after 8 months of age! (NO EXCEPTIONS!))

Unique markings: _____

Notable behaviors: _____

Things that make him/her sick: _____

Food restrictions: _____

1. Description of your dog:

a. Characteristics (please circle)

Energy: High or Medium or Low

Meeting New People: Loves it or hates it

Meeting New Dogs: Loves it or hates it

Licking: Is a licker or doesn't lick

Biting: Is a biter, sometimes bites, never bites

Jumping on people: Jumper, sometimes or never

Likes being Pet: Yes or No. If yes, where: _____

Motivated by: Food, Toys, Dogs, or other _____

b. Gets anxious/scared when: _____

c. Be Careful when: _____

Medical Information *if yes, please explain further*

Does your dog have any chronic medical conditions?

Has your dog ever had seizures?

Does your dog take any regular medications? **if yes, fill out separate medication sheet**

Does your dog have any allergies?

Has your dog ever suffered from a serious injury before?

Are there are other medical issues to we should be aware of?

Is your dog on a Flea/Tick Prevention Program (Frontline Plus, K9 Advantix, Vectra 3D, etc): _____

(Dogs with fleas/ticks will be remedied at the owner's expense or asked to be picked up.)

I, _____, certify that I understand the information above and the information that I have provided above is true and accurate. I also certify that my dog is up-to-date on all vaccinations, including but not limited to rabies, distemper, parvo, and bordetella. It is my full responsibility to update Doggie Paradise LLC on all things going on with my dog. I acknowledge that I must provide current vaccination records for my dog.

Signature: _____ Date: _____

Doggie Paradise Use Only:

Evaluation Date: _____ Admitted by: _____

Comments / Issues noted: _____

Pet's Diet

We recommend that you bring your dog's own food from home for their stay to prevent any GI upset due to stresses caused by change in environment and daily schedule. However, we do provide a healthy grain free option that can feed your dog for \$1.00 / meal.

Do you plan on bringing food from home? Yes or No

What times of the day does your dog eat?

Morning . Afternoon . Evening

How much is given at each meal? _____

Is your dog allowed to have treats while staying with us? Yes or No

Does your dog have any food restrictions? Please explain.

About Doggie Paradise

How did you hear about us?

Did an existing client refer you?

What Doggie Paradise service would you be interested in?

- Doggie Daycare
- Doggie Boarding
 - Suite
 - Crate

Do you think on your pup's first day, they will:

- Fit right in
- Take a little to warm up
- Might need more time

TELL US A LITTLE ABOUT YOUR PUP!

Where did you get your dog?

How long have you had your dog?

What is your dog's favorite thing to do?

What does your dog dislike?

Is there anything specific we should know about your pup?

What commands do you use to praise your dog and to tell him/her not do something?

CHECK ALL THAT APPLY!

- ONLY PET IN THE HOUSE
- FOOD POSSESSIVE
- WATER POSSESSIVE
- TOY POSSESSIVE
- PEOPLE POSSESSIVE
- DOG AGGRESSIVE
- PEOPLE AGGRESSIVE
- SUBMISSIVE
- DOMINANT
- PLAYS FETCH
- SUPER ACTIVE
- LIKES TO ROUGH HOUSE
- GOOD WITH ALL DOGS

- SHY
- PICKY EATER
- ANXIOUS
- BEEN TO TRAINING CLASSES
- ATTENDED OTHER DAYCARES
- BEEN BOARDED BEFORE
- LIKES TO ESCAPE
CRATE/FENCES/ROOMS
- COMFORTABLE IN CRATE
- LIKES DOG PARKS
- LOVES WALKS
- LIKES TO LAY AROUND
- GOOD WITH BIG DOGS ONLY
- GOOD WITH SMALL DOGS ONLY

We recommend our evaluation to last at least a half day (6 hrs). It is important that we can watch how your pup adapts during the day. We also introduce your pup to nap time to make sure they're comfortable when they are separated in either a suite or crate. Thank you so much and we look forward to your dog's 1st day!

DOGGIE PARADISE, LLC - HOLD HARMLESS AGREEMENT AUTHORIZATION, ACKNOWLEDGEMENT & WAIVER

I, _____ (print your name) certify that I am the owner or the agent of the owner of _____ (print your dog's name), and that I am authorized to board the pet and sign this form.

I hereby authorize Doggie Paradise, LLC (hereinafter referred to as "Doggie Paradise") to maintain my credit card number on file and charge purchases made and/or services rendered against the card at the prices in effect at the time of the transaction. All charges are final when made. Should my credit card charges be declined or any other unpaid charges remain unpaid, Doggie Paradise reserves the right to assess a finance charge of 18% annually.

I understand that use of the facilities requires that I am responsible for acquiring, reviewing, and understanding all rules, regulations, policies & procedures in effect. **I understand that Doggie Paradise reserves the right to refuse use of Doggie Paradise's facilities to pets who, in Doggie Paradise's sole determination, act aggressively, are undisciplined, evidence inappropriate behavior or who may otherwise be a danger to themselves or other animals or users.**

I acknowledge that pets are encouraged to socialize and exercise at Doggie Paradise and that injuries to either pets or owners or their guests might reasonably be foreseen to result from off-leash playing and roughhousing that may occur within our facilities. I agree for myself, my pet and my guests and invitees to assume the risks and hazards that may be expected to arise from such use and the presence of animals. **I agree that Doggie Paradise shall not be responsible for injuries or illnesses to myself, my pet(s), my guests or invitees, other patrons or their pets who may be injured by my pet or by my acts or omissions or the acts or omissions of my guests and invitees, and I shall indemnify Doggie Paradise for any costs, damages, claims or expenses that may result there from. I further acknowledge that Doggie Paradise shall not be held responsible for any illness or ailment that may affect my pet during its visit or stay at Doggie Paradise.** With respect to myself, my pet and my guests and invitees, I shall hold Doggie Paradise harmless from any costs, damages, claims or expenses that we may incur from our use of the facilities. I further agree for myself, my pets and my guests and invitees, that we shall be solely responsible and shall not sue Doggie Paradise or any of its employees, officers, agents, customers, visitors or guests for costs, damages, claims or expenses that we may incur as a result of injury, sickness or other harm to my pet(s) while under the care of Doggie Paradise.

I authorize Doggie Paradise to contact my veterinarian in order to confirm health, temperament and vaccinations. If, in my absence, my pet should be injured, become ill or suffer an ailment or is otherwise deemed by Doggie Paradise to require immediate veterinary attention, Doggie Paradise is authorized to consult with my veterinarian and in urgent situations make treatment decisions based on veterinarian recommendations. If my veterinarian is unavailable or located at too great of a distance, Doggie Paradise is authorized to utilize the services of another licensed veterinarian or emergency veterinary hospital. **I understand Doggie Paradise is authorized to consult with my veterinarian and in urgent situations make treatment decisions and acknowledge that Doggie Paradise shall not be held responsible for any related issues or costs. I understand that I shall be responsible for any and all charges with respect to such veterinary care.** Further, should I be required to take my pet to a veterinarian after a stay or visit at Doggie Paradise, I shall be responsible for any and all veterinary or other related or unrelated charges; Doggie Paradise shall in no way be responsible for same.

I agree that the names and likenesses of me, my family members and my pet may appear on Doggie Paradise website, advertising, printed materials, promotional videotapes, news programs/or other press, magazine, radio, television and/or internet coverage from time to time.

I understand that if my dog is left at the Doggie Paradise facility for a period of five days without contact from me the dog will be considered abandoned and necessary steps will be taken to turn the animal over to the proper authorities.

By Signing below, I, _____, acknowledge that I read this Authorization, Acknowledgement, and Waiver carefully and understand it fully and accept the terms contained herein.

Signature: _____ **Date:** _____