

DOGTOPIA REGISTRATION FORM

Services Interested In: (Please check all that apply.) ☐ Boarding ☐ Spa Other: _____ Daycare **PET-PARENT INFORMATION** Phone: _____ Email: ____ Address: ____ ____City: ______Zip: _____ Pet-Parent #2 _____ Phone: Email: Please check if you **DO NOT** wish to receive Dogtopia updates and special offers via: Email Text Number of dogs enrolling at Dogtopia: _____ If more than one dog, please complete an "additional" dog registration form for each dog. How did you hear about Dogtopia? ____ Veterinarian: **EMERGENCY CONTACT INFORMATION** Name: _ _____ Phone: _____ Relationship: __ ABOUT YOUR FURRY FAMILY MEMBER Dog's Name: ______ Breed/Description: _____ Spayed/Neutered*? No Color: _____ Approx. Weight: ____ Birthdate (if known): ____ Age: ___ Gender □ F □ *Note: All dogs over the age of 7 months old, or those exhibiting early onset adolescence, must be spayed or neutered. Where did you get your dog from?

Breeder

Rescue/Shelter

Re-Homed

Found How long have you had your dog? _____ Any known history, please describe: Has your dog been in an open play daycare/boarding before? ☐ Yes ☐ No If your dog has been in open play daycare or boarding before, what did you like the most and least about your last daycare/boarding provider? Like Most: Like Least: When would you like to start daycare? _____ If boarding, what is your start date? _____ end date? ____ Which days of the week will you be coming to daycare? ☐ Mon ☐ Tues ☐ Wed ☐ Th ☐ Fri ☐ Sat ☐ Sun



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What is most important to you about your dog's overall care?								
What are the 3 most important things you want your dog to experience at Dogtopia?								
1.	1.							
 3. 								
HE	ALTH HISTORY							
Up-To-Date Vaccinations, please check all that apply:								
	Rabies 🗆 E	Bordetella □ DHPP		Plea	ase note: A current va	accination r	record from your Vet is required.	
Ch	eck any that have occ	curred in the last 6 months:						
	Ear Infections	□ Eye Infections	☐ Allergies		Gastritis/Bloat		Heartworms	
	Tapeworms	☐ Canine Cough	☐ Heat Stroke		Seizures		Fleas/Ticks	
Additional Health Concerns:								
	Heart	□ Vision	☐ Hearing		Skin		Hip/Elbow/Knee	
	Surgeries (describe	e):						
	Regular Medications (describe):							
Preventative Health Maintenance: Current Flea/Tick Current Heartworm								
Does your dog have any known allergies (include food, spa grooming products, other)? If so, list:								
BE	HAVIOR & SOCIAL IN	TERACTIONS						
Describe your dog's personality:								
How would you describe your dog's energy level most of the time?								
Is/has your dog (check all that apply):								
	□ Crate Trained □ Escaped a crate/door, if checked explain:							
	Climbed/Jumped fences, if checked explain:							
	Eaten stool or other foreign objects, if checked explain:							
	Does your dog go to dog parks or other off-leash environments? if yes, how often:							



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Has your dog ever nipped or bit anyone, if checked explain:						
☐ Has your dog ever been dismissed from daycare/boarding, if checked explain:						
☐ Is your dog trained for or participate in hunting excursions (e.g., rabbits, birds, squirrels)? If checked, please explain:						
Does your dog readily share toys with other dogs? No If no, please explain:						
Is there any person, dog, or environment that makes your dog uncomfortable? Yes No If yes, please explain:						
Does your dog play well with dogs of all sizes/breeds? Yes No If no, please explain:						
Are there any types of breeds of dogs that your dog does not like? Yes No If yes, please explain:						
Has your dog had any interaction with puppies? Yes No If yes, please explain:						
My Dog Please check all that apply:						
☐ Barks at dogs while on leash ☐ Barks at dogs that pass by the house ☐ Is shy/nervous around dogs						
□ Loves to be chased by other dogs □ Loves to chase other dogs □ Plays rough □ Likes to chase or hunt small animals						
Which commands does your dog know? (Please check all that apply.)						
□ Sit □ Down □ Stay □ Come □ Heel □ Leave It □ Go to Crate						
□ Other: (describe)						
DIET						
What brand and type of food is your dog fed? The amount? How often?						
May we offer your dogs treats? □ Yes □ No						
Is there anything else about your dog that we should know? (Describe.)						
Others who can pick up dog:						



EVALUATION WAIVER

I	, certify that my dog(s)	is/are in good health,				
	n ill with any communicable diseases or parasites in the last 30 days, ehavior towards any person or any other dog. I also have read and un					
1.	Inherent Risks of Play, Spa, Boarding & Grooming. I understand and because of this there are inherent risks, which even when cl					
	a. Transfer of communicable parasites or an illness such as, but known as "puppy warts," or an upper respiratory illness like k contagious bacteria or virus.					
	 Injuries, usually benign, such as broken nails, sore pads, punc in shorter coated breeds, etc. 	cture wounds, abrasions and cuts, particularly				
	c. Behavioral problems.					
2.	Release. Dogtopia and their team will not be liable for any health or behavioral problems that develop in my dog(s), and I hereby release them of any liability of any kind whatsoever arising from my dog(s) attendance and participation at Dogtopia. I am solely responsible for any harm, including to any other dog(s), to the employees or invitees of Dogtopia, or to the equipment, physical plant, or other property of Dogtopia, caus by my dog(s) while my dog(s) is/are attending Dogtopia.					
3.	<u>Crate Usage.</u> I authorize my dog(s) to be placed in a crate during the evaluation process, boarding and/or daycare.					
I hav	e read and understood all terms of this agreement.					
	Pet Parent Signature	Date				
	Printed Name					