

Registration

Form

OWNER INFORMATION		
Owners Name		
Spouse Name		
Address	Postal Code	
Home Phone	Work Phone	
Cellular		
Spouse Cellular	Work Phone	
Email		
**Which number is the best t	to reach you at? **	
Person to contact if you or yo sions and/or pick up.	our spouse cannot be reached; this person is also able to make	emergency deci-
Home Phone	Work Phone	
Cellular		
AUTHORIZED PERSON(S) TO P	ICK UP YOUR DOG: (PICTURE IDENTIFICATION WILL BE REQUIRED))
Name	Phone	
Name	Phone	
VETERINARY INFORMATION		
Veterinarians Name		

Hospital or Clinic Name		
Address		
Phone		
After hours/emergency phone		
Maximum amount of money to spend in case of	femergency and we can	not reach you \$
PET INFORMATION		
Pet Name		
Pet Birthday		
Breed		Age
Neutered/spayed: Yes O No O Weight		
Color/Markings		
License # Tattoo	Microchip	
VACCINATIONS (EXPIRY DATE) Distemper Parvovirus		
Para influenza		
Hepatitis		-
Bordetella (kennel cough)		
Rabies (optional)		
Do you use a flea/ tick treatment? (if so which k		
**please attach a note from your vet verifying pro		
GENERAL		
How long have you owned your dog?		
Have you owned your dog since he/she was a po	uppy? Yes O No O	
If no, do you have good knowledge of your dogs	s prior history? Please ex	xplain:

Has your dog been to a daycare/boarding facility? Yes O No O
How often did your dog attend the facility?
What do you do with your dog when you're not home?
BEHAVIOURAL
How would you explain the personality type of your dog?
Does your dog play well with others? Yes O No O
If no, please explain:
Have you visited off leash parks? Yes O No O
Any issues in that environment?
Has your dog ever shown aggression towards people? Yes O No O
If yes, please explain:
Has your dog ever bitten a person hard enough to break the skin? Explain the circumstances and cause
(if known):

Has your dog ever been involved in an altercation with another dog? Yes O No O
Do you know what caused the altercation?
What was the outcome? Were there injuries sustained to either dog?
Is there anything specific that sets your dog "off" or makes him/her upset?
Has your dog ever reacted negatively when someone took away food or toys? Yes O No O If yes, please explain:
FEEDING/ALLERGIES/MEDICATIONS Please provide your dog's feeding times and portion amounts (ie cup size):
**Please provide an ample amount of your dog's food in a sealable container when dropping your dog off **
Does your dog have any specific dietary restrictions? (ie low calorie, allergies to food/treats) Please list and explain:
Is your dog allowed snacks/treats? Yes O No O
Does your dog have any allergies/sensitivities? (ie bee stings, bug bites, weeds, grasses, pollen) that we should know about? Yes O No O
If yes, please explain:
Does your dog need to be given any medications? Yes O No O If yes, please explain (time of day, dosage and application method):
100, breade orbrain (mine or ad), accade and abburdation method).

Has your dog been sick recently? Yes O No O
If yes, please explain:
FACILITY/ACTIVITY LEVEL/TRAINING
Is your dog comfortable on a leash? Yes O No O
Is your dog known to be an escape artist? Yes O No O
If yes, please explain (ie scaled fence, dug under, or able to open latches):
Does your dog have any problems in the following areas: (please check all that apply):x
Barking O House training O Digging O Chewing/destructiveness O Separation anxiety O Jumping/Climbing O
Does your dog have difficulty seeing or hearing? Yes O No O If yes, please explain:
Describe your dogs activity level and/or any restrictions that should be placed upon your dogs activities:
Is your dog easily scared by anything? (ie noises, actions, smells, or certain objects)
Is there any particular type of person your dog tends to dislike or fear? (ie gender, children, or people in uni
Has your dog ever had any formal obedience training? Yes O No O

Whether formally trained or not, what commands does your dog understand:

Does your dog know any hand signals?	
Does your dog have a release word?	
PLAY TIME FUN (OPTIONAL)	
What is your dog's favorite thing to do?	
Where is your dog's favorite place to be scratched or petted?	
What does your dog do to show that he/she is happy?	
What kind of toys does your dog like?	
What type/size of dog(s) does your dog like to play with?	
Does your dog like to play in the water/sprinkler? Yes O No O	
Is it permissible for your dog to have playtime access to water park/sprinkler as they may be dirty/muddy entering your vehicle upon pick up? Yes $\mathbf O$ No $\mathbf O$	when
Any additional information that you feel would enhance your dogs stay?	
How did you hear about Laughing Dog Kennels?	
Note** we use these answers to gauge socialization skills and make your pets stay as fun as possible. These an	swers

will also help keep our other guests and staff members safe. **



Waiver & Consent

Form

Please initial that you have read and understand each point.

- 1. I represent that I am the <u>legal owner or agent for the owner</u> of the dog described in the correlating application form.
- 2. I release *Laughing Dog Kennels*, its staff, owners, representatives, and agents from <u>any and all liability</u> <u>which I or my dog may suffer including but not limited to injury, sickness, damage or death resulting from participation in daycare, overnight boarding, or outdoor trail walks.</u>
- 3. I represent that my dog is in good health, is current on <u>all required vaccinations</u> (DHLPP, Rabies Bordatella), is free of fleas, ticks, and lice, and as not been ill with any known contagious viruses in the last 30 days.
- 4. I understand that while my dog is fully vaccinated that vaccines are not guaranteed and there is a small risk that my dog may contract a contagious disease or illness. I agree that should this occur I am responsible for my own pet's care and medical attention.
- 5. I agree to allow 12 days waiting period after my dog as had their vaccinations to <u>allow the vaccines to reach full protection potential</u> and to ensure my dog has not has any negative reaction to the vaccines. Should I allow my dog to stay at *Laughing Dog Kennels* less than 12 days after vaccination I understand that my dog could be at risk of contracting a contagious virus/disease.
- 6. I understand that although all dogs are fully supervised that <u>incidents of injuries may occur</u> from playing with the other dogs, which include but not limited to bites, scrapes, scratches, and sprains.

7. I represent that my dog is sociable and has not harmed or shown threatening behaviors towards any person or any other dog. I understand Laughing Dog Kennels reserves the right to remove my dog from the play area and place my dog in a separate holding area should my dog display any unwanted behaviors. 8. I understand that Laughing Dog Kennels' reserves the right to permanently remove a dog from its daycare or boarding facilities at any time. 9. I allow Laughing Dog Kennels' staff to contact my veterinarian or any other accessible vet clinic as deemed necessary should any injuries require medical attention. I agree that I am solely responsible for any medical expenses acquired for my dog. 10. Lagree to disclose any previous or current medical issues or concerns of my dog so that Laughing Dog Kennels staff can make a determination of suitability for daycare or offsite boarding. 11. I release Laughing Dog Kennels from any liability should my dog injure another dog or person and accept medical and legal responsibility for my dog's actions. 12. I release Laughing Dog Kennels from any liability should death of my dog occur for any reason while in daycare or off-site overnight boarding. 13. I agree that my dog may be recorded on camera and its images may be used for Laughing Dog Kennels' promotional material. 14. I agree to pick up my dog prior to closing time. Should I fail to do so I understand I will be charged late fees in the amount of \$10 for every hour. I understand that dogs left after 8pm will be charged \$25 in addition to the daycare fee, I may not be able to pick up my dog until the following day as well as be charged additional fees for food and other supplies used for boarding for my dog. 15. I understand that boarding services are charged on a 24 hrs. basis with drop off and pick up permitted only during hours of daycare operation. Boarding pick up beyond 24 hrs. from time of drop off will be charged additionally at a corresponding daycare rate or may be subject to an additional boarding night. I understand that Laughing Dog Kennels reserves the right to refuse after hours pick up.

16. I agree to pay for any and <u>all outstanding charges prior to or at time of pickup</u> of my dog. I understand that should I not have provisions for payment at the time of pickup of my dog, *Laughing Dog Kennels*

reserves the right to withhold my dog and continue to charge for continued services and any additional fees until payment is made in full. I understand that should I fail to complete payment within 7 days of the notified due date, *Laughing Dog Kennels* will proceed with the ABANDONED PET PROCEDURE.

17. In the event that you, <u>your emergency contact</u>, or any other person you have authorized to us in writing <u>does not pick up your dog</u> on the agreed upon departure date, you hereby authorize us to continue to provide boarding and any additional services at your expense. If such dog is deemed abandoned under provincial laws *Laughing Dog Kennels* will use its discretion permitted by law to follow the Abandoned Pet Procedure.

ABANDONED DOG PROCEDURE:

We will attempt to contact you by telephone and/or in writing using the information that you have provided, advising you that if your dog is not picked up within 7 days, your dog will be deemed to be abandoned and we will deliver your dog to a third party adoption partner, animal shelter, or attempt to find a new owner for your dog. If you fail to pick-up your dog for any reason, you release *Laughing Dog Kennels*, its staff, owners, representatives, and agents from further liability and responsibility for your dog.

With my signature below I certify that I have read and understand the agreement and waivers. I agree to abide by the regulations and accept all terms and conditions as set out.

Signature:	Date	_
Print Name:		
Witness/Received by:	Date	
Print Name:		