

Tails R' Waggin

Daycare, Boarding, Grooming, Training
6976 West 152nd Terrace Overland Park, KS 66224

Phone: 913-685-9246 (WAGN) Fax 913-685-1922

Email: info@tailsrwaggin.com Website: www.tailsrwaggin.com

CLIENT PROFILE AND AGREEMENT

Owner Information: (please print)

Name: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

Email Address: _____

Emergency contact: (should not be the same as above)

Name: _____ Relationship: _____

Phone: _____ Cell: _____

Additional person(s) authorized to pick up pet(s):

Name: _____ Phone: _____

Name: _____ Phone: _____

This will only be used internally to notify you of specials and events

How did you hear about Tails R Waggin? (Please check one)

A Referral (if so provide name, we'd love to reward our customer w/ a free day of daycare): _____

Adoptions: ___ **Web Search** ___ **Facebook:** ___ **Instagram:** ___ **Twitter:** ___

Vet: _____ **Other:** _____

Pet Information:

Name: _____

Nickname: _____ **Breed:** _____

Color: _____ **Male/Female:** _____

Birthdate: _____ **Weight:** _____

Is your dog spayed or neutered? (Please circle one): YES / NO

We prefer your dog over the age of 6 months to be spayed or neutered...otherwise they may have to separate your pet and a special daily handling fee may apply.

*******Please bring a copy of vaccination records with you or have your veterinarian fax us a copy prior to your arrival to avoid delays checking in. The minimum requirements are as follows:**

Dogs: Rabies, Bordetella, Negative Fecal, DHLPPC (distemper combo) yearly.

Name of Animal Hospital/Veterinarian: _____

DR. _____

Phone: _____

Dog Health Profile:

Brand of Food (please specify if grain-free, special diet, etc.):

Feeding Instructions (amount, frequency, etc.):

Are there any treats we CAN NOT offer your pet? :

Does your dog have a sensitivity or allergies to any foods? :

Is your dog on any medications? (Please circle one): YES / NO

IF YES, please list all medications, dosage, reasoning, & method:

Medication: _____ **Dosage/Frequency:** _____

Reason: _____

Method (In Food, pill pocket, etc.):

Medication: _____ **Dosage/Frequency:** _____

Reason: _____

Method (In Food, pill pocket, etc.):

Does your dog have an allergies other than to food? :

Pet Health History (Chronic Illnesses, Surgeries, Old injuries, Vet Concerns, etc.):

Are there any restrictions that should be placed on your pet's activities? :

Are there any areas on your pet's body that does not like to be touched by humans (ears, paws, collar, picked up, etc.): _____

If these areas are touched, how does your pet react? :

Any additional health concerns we should be aware of:

Pet History:

How old was your pet when you got him/her?

Where did you get him/her? (Breeder, Pet Store, Rescue, Etc.)

If you adopted your pet from a rescue, what information do you have about your pet's past history?

Is there anything we should be aware of based on your pet's past experiences?

Is your pet frightened by unfamiliar noises such as thunderstorms, vacuums, etc.?

How long is your pet left alone during the day?

Where does he/she stay during that time (crate, kitchen, yard, etc.)

Is your pet crate trained? _____

Is your pet house trained? _____

What is your dog's training history? _____

Is your yard fenced? _____

Has your dog ever jumped or climbed over a fence 4ft or higher? If so, How high?

Dog Personality Profile:

Does your pet have any behavioral issues or destructive habits when left alone? (If so please explain)

Does your dog routinely go to other doggie daycares? (Please circle one) YES/NO

If yes, so how many days per week? Per month? _____

Does your dog go to the dog park? (Please circle one) YES/NO

If yes, so how many days per week? Per month? _____

If yes, which dog park do you attend? _____

Is your dog socialized with other dogs? (Please circle one) YES/NO

If so, how many dogs does he/she play with at one time? _____

Where does your dog fit in the hierarchy of your pets, i.e. dominate (rule the roost) or submissive (a pleaser): _____

When your dog meets another dog (off-leash), describe your dog's greeting

What size dogs does your dog normally play with? _____

Are there any issues with dogs bigger/smaller than your dog? _____

Does your pet react, in any specific way to puppies? _____

Describe the type of dogs your dog tends to not get along with

If any, what behaviors does your dog display towards the other dogs?

Has your dog ever bitten or broken the skin of another person or dog? If so, please describe:

Can you take a food based item (food, bone, toy, etc.) away from your pet without incident? (Please circle one) YES/NO

If no, please describe what happens and how you handle at home?

Dogs your dog share toys well? (Please circle one) YES/NO

If any, what types of toys will your dog not share with others?

Are there any concerns we should be aware of regarding your pet and toys in group play? If so, please explain: _____

How well is your dog socialized with people? _____

Is there any type of person (children, men, etc.) or objects i.e. hat your dog routinely dislikes or fears? If so, please describe:

Is your dog territorial in your home or yard with dogs or strangers not from your family? If so, please describe: _____

Is it common for your dog to jump on you or other people? If so, how do you respond to this:

What is the main reason you have chosen doggie daycare for your dog?

******If your pet requires medical attention, we will contact our veterinarian, who is on call 24/7. Unless your dog has an on-going medical condition that warrants your vet's attention.**

Please share any other information you would like us to know about your pet while attending Tails R

Waggin _____

PLEASE REVIEW OUR POLICIES AND THEN INITIAL, SIGN & DATE AT THE BOTTOM:

This contract is between Tails R Waggin', LLC and the pet owner, whose signature appears below or the representative who dropped off the pet.

_____ **Pet owner agrees to pay the rate for Boarding & Daycare in effect on the date the pet is checked into the pet care facility.**

_____ **Pet owner further agrees to pay all the costs and charges for special services requested.**

_____ **Pet owner further agrees that the pet shall not leave the pet care facility until all charges are paid to Tails R Waggin', LLC by the pet owner.**

_____ **I understand and agree that Tails R Waggin', LLC, its staff and volunteers, will not be liable for any problems which develop, provided reasonable care and precautions are followed. I hereby release them of any liability of any kind whatsoever arising from my pet's attendance and participation at the pet care facility.**

_____ **It is expressly agreed by Pet owner and pet care facility that pet care facility's liability shall in no event exceed the lesser of the current value of the same species or sum of \$400.00 per animal boarded. The pet owner further agrees to be solely responsible for any and all acts of behavior of said pet while it is in the care of the pet care facility. Pet owner further understand and agrees that any problems which developed with my pet will be treated as deemed best by**

staff and volunteers of Tails R Waggin', LLC, at their sole discretion. Pet owner assumes full responsibility for any and all expenses involved. I agree to protect, indemnify and hold harmless Tails R Waggin' from and against any and all responsibility for personal or property damage or damage inflicted upon another animal in the facility done by met pet during the term of this agreement.

_____ Failure to pick up pets 14 days after reservation pick up date, with no contact with Tails R Waggin', will be considered abandonment. The pet will become property of Tails R Waggin and will be put up for adoption.

_____ All charges incurred by said pet owner shall be payable upon pick-up pet, or at pet care facilities choice when billed by Tails R Waggin' at address listed above. The pet care facility shall have, and is hereby granted, the right to pursue collection activities at the owner's expense for unpaid charges resulting from boarding, daycare, grooming, services or vet care at Tails R Waggin'. I will also pay all reasonable attorney fees and court costs in case of collection I further understand and agree that, in the event a check is returned for non-sufficient funds, I will pay a \$25.00 fee for every check returned plus 1.5% interest per month on all amounts not paid within 15 days from the date the pet was last boarded.

_____ Tails R Waggin' reserves all rights to any photos or videos taken while the pet is in the care of Tails R Waggin.

_____ All pets entering Tails R Waggin must be flea free. If fleas are discovered, a topical treatment will be applied at your expense, not to exceed \$50.00, unless you have listed as medical reason not to do so.**Pets with fleas will not be allowed in the indoor common play areas until 24 hours after medical treatment has been applied.

_____ A current fecal is required within a year of your arrival. Tails R Waggin' reserves the right to have a veterinarian run a fecal test while your pet is in their care if deemed necessary for the health of your pet and other boarding guests. This will be at the owner's expense.

_____ Pet owner is responsible for any items brought into Tails R Waggin'. Tails R Waggin' is not responsible for any damage or loss to any items in their care. Tails R Waggin' will do their best to return all items.

_____ Pet owner understands that vaccinating for the Bordetella/Kennel Cough virus is not a guarantee that the pet will not contract the virus while in the care of Tails R Waggin' during any type of service. The vaccine does not guarantee the pet will not contract it, it is similar to the human flu vaccine.

_____ Pet owner understands while engaging in boarding and/or daycare is similar to putting your child into daycare or school environment. Tails R Waggin' does their best to maintain the highest level of safety and health for your pet while in their care. That being said, many viruses are airborne and/or contact to contact spread. These are always safety and health risks associated to allowing your pet to socialize with other animals. Pets are always supervised during play times at Tails R Waggin' but dogs will be dogs. We suggest you discuss with your veterinarian the above risks involved with boarding, daycare and grooming. Owner agrees to NOT hold Tails R Waggin' responsible for such risks.

_____ If said pet becomes ill or injured or if the state of the animal's health otherwise requires professional medical attention, Tails R Waggin', in its sole discretion, may engage the services of a veterinarian, administer medicine, or give other medical attention to the pet. Expenses shall be paid by the pet owner. Pet owner shall designate at the time of check-in, if any medical attention is required and if any past health history may be pertinent to the overall health and care of said pet in Tails R Waggin' care. Tails R Waggin' shall choose a veterinarian of their choice, unless otherwise specified by the pet owner.

_____ Pet owner agrees to give Tails R Waggin' permission to contact your Veterinarian regarding any medical issues past or present while pets are in their care, and that your veterinarian can release that information to us.

_____ Pet owner further agrees that if the pet owner is needing to cancel their boarding, daycare or grooming appointment that is required 24 hours prior to their appointment so it can be made available for another client who is on a waiting list. If TWO appointments are missed without giving notice, you will be required to pre-pay prior to scheduling any future appointments with Tails R Waggin'.

Print your name: _____

Your Pet's Name: _____

Signature of Client: _____

Thanks for choosing Tails R Waggin,

"Your pets destination of choice to play, stay and

be treated like one of the family!"

