

DogMode

Dogmode.com

DAYCARE AND BOARDING APPLICATION

DATE OF APPLICATION: _____

DATES OF BOARDING: _____

GUARDIAN INFORMATION

Name: _____

Address: _____

City/State/Zip: _____

E-Mail Address: _____

Home phone: _____ Cell / Work phone: _____

LOCAL EMERGENCY CONTACT

Name: _____

Address: _____

Home phone: _____ Work phone: _____

PET INFORMATION

Name: _____ Breed: _____ Sex: _____

Age (DOB): _____ Weight: _____ Color: _____

Feeding Requirements: 1X/ Day 2X/Day 3X/Day

Quantity of Food each feeding: _____

*Medication Requirements: _____

VETERINARIAN

Name and Clinic: _____

Address: _____

Phone: _____

* (Medication Release Required for Dogmode Personnel to administer medication.)

ENROLLMENT FORM

GENERAL INFORMATION

How did you hear about Dogmode? _____

Is your dog spayed / neutered? **(REQUIRED)** _____

Where did you get your dog? _____

If adopted, do you have any knowledge of your dogs past history? _____

Does your dog like children? YES NO

How does your dog behave around children? _____

Are there other animals in your household? YES NO

If yes, Please list the type, sex and age of each: _____

How does your dog get along with other resident animals? _____

Does your dog prefer males or females to socialize with? (Human or Dog) _____

HEALTH / GROOMING

Does your dog have hip displasia? YES NO

If yes, what restrictions need to be placed on your dog's activities or movements?

Does your dog have any allergies or special needs? _____

Has your dog been out of the state in the past 2 weeks? YES NO

If yes, where? _____

Dates traveled? _____

Has your dog been diagnosed with Canine Influenza in the past 2 months? YES NO

Has your dog been coughing and/or gagging today or this week? YES NO

When / where was the last time your dog was around other dogs? _____

Does your dog like to be brushed? YES NO

Does your dog have any sensitive areas on his/her body? _____

Where are your dog's favorite petting spots? _____

BEHAVIOR

Does your dog act afraid of any specific items or noises? If so, please explain: _____

How does your dog react to strangers coming into your home or yard? _____

Are there any kinds of people your dog automatically fears or dislikes? _____

Are there any kinds of dogs your dog automatically fears or dislikes? _____

How does your dog react to puppies? _____

When you are not at home; is your dog crated? Left in yard? Left in the Home? Other:

Has your dog ever:

Growled at someone?	YES	NO
---------------------	-----	----

Describe the circumstances: _____

Bitten someone?	YES	NO
-----------------	-----	----

Describe the circumstances: _____

Does your dog have any PROBLEMS in any of the following areas: (if so, please explain)

Housetraining: _____

Barking: _____

Digging: _____

Jumping: _____

Has your dog ever growled or snapped at anyone who has taken his/her food or toys away from him/her?

YES	NO
-----	----

Has your dog ever shared his/her food or toys with other animals?	YES	NO
---	-----	----

What kind of toys does your dog like and what games does he/she play? _____

Does your dog play with other dogs? _____

Do you take your dog places where it can meet other dogs off leash? YES NO

Has your dog ever had any formal obedience training? YES NO

If yes, when and where? _____

Does your dog know a quiet command? _____

Does your dog know any play commands? _____

Other commands about your dog, which may be helpful: IE: 'Kennel up', 'go potty', etc.

HEALTH AND TEMPERAMENT CERTIFICATION

I, _____, hereby certify that my dog(s): _____

_____ is/are in good health and have not been ill

with any communicable condition in the last 30 days.

I further certify that my dog(s) have not harmed or shown aggressive or threatening behavior towards any person or any other dog.

Medical Information:

*Bordatella expiration: _____

DHLPP expiration: _____

Rabies expiration: _____

Last fecal exam / De-worming: _____

Date: _____

Signature of Guardian: _____

* Bordatella required every six months

(All Vaccinations required before interview)

OWNER AGREEMENT

I understand that I am solely responsible for any harm caused by my dog(s) while dog(s) is/are attending Dogmode, LLC.

I further understand and agree that in admitting my dog(s) to Dogmode, Dogmode representatives have relied on my representation that my dog(s) is/are in good health and have not harmed or shown aggressive or threatening behavior towards any person or any other dog.

I further understand and agree that Dogmode, LLC and all of its representatives 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 dog(s) attendance and participation at Dogmode.

I further understand and agree that any problems which develop with my dog(s) will be treated as deemed best by staff and volunteers of Dogmode at their sole discretion, and that I assume full financial responsibility for any and all expenses involved.

I certify that I have read and understand the policies of Dogmode, LLC as set forth on the preceding pages and that I have read and understand the conditions, and statements of this agreement.

Dated: _____

Signature of Guardian: _____

Name(s) of dog(s): _____

MEDICATION RELEASE

I do not hold DogMode or any representatives of DogMode responsible regarding the administering of medication, (of any kind) to my dog while visiting DogMode.

I understand that the representatives of DogMode will do their very best to follow the prescribed dosages of medication in a timely manner, however, if there are any consequences associated with the medication or illness, DogMode will not be held responsible.

Signature: _____

Date: _____

Name/Breed of Dog Receiving Medication: _____

Medication Name: _____

*Any Side Effects of Medication: _____

Condition Being Treated: _____

Dosage: _____

Special Instructions for Administering Medication: _____

- Examples: nausea, vomiting, drowsiness, hyper-activity, decreased appetite, etc...