

The Biscuit Garden Intake Form

Owner(s) Information

Primary Owner Info- *Required* (this will be the first person we contact if needed)

*First Name: _____ *Last Name: _____

*Email (this will receive important messages):

Cell Phone #: _____

*Address (line 1): _____

Address (line 2): _____

*City: _____ *State: _____ *Zip Code: _____

Secondary Owner Info

First Name: _____ Last Name: _____

Cell Phone #: _____

Emergency Contact Information

*Emergency Contact Name: _____

*Emergency Contact Cell Phone #: _____

*Relationship: _____

*Does this person have permission to make decisions regarding your pet(s)?

Yes / No If 'Yes', initial here: _____

People Authorized to Pick Up Your Pets (first/ last name and relationship):

Liability Waiver

The Biscuit Garden

Our establishment agrees to exercise due and reasonable care to keep the premises sanitary and properly enclosed. Your pet will be fed, watered regularly, and housed in safe, clean quarters. The services we provide are done so without liability for the loss or damage from disease, death, running away, theft, fire and from injury or damage done by your pet to people, other animals or property, or other unavoidable causes. Due diligence has been exercised. Should any pet become ill or need medical attention, we reserve the right to administer aid and render care by your local veterinarian, if available. We will make every attempt to contact you, the owner, or your emergency contact in the event of an incident, accident, or illness before seeking medical treatment. However, if there is a life-threatening situation, we reserve the right to take your pet to your vet first and our emergency vet if yours is unavailable. Any expenses incurred shall be paid promptly by the owner. No pet will be released until all charges are paid in full or other arrangements satisfactory to our kennel have been made. The customer agrees to notify us in advance if there is any change in the pet's pick-up date or time. The owner of the pet or his agent agrees to pay reasonable legal fees and costs incurred by the kennel in the collection of his outstanding bills.

I understand that due to the nature of dogs in playgroups and in social settings, occasional bumps, scratches, bruises, and illness can and will occur. The Biscuit Garden provides Doggie Daycare, overnight boarding, and grooming services without liability for such injuries. I understand that, by signing this contract, I agree to the above terms.

Acknowledgement of Information

I have read and agreed to the Waiver Agreement above.

*Owners Signature: _____ *Date: _____

*Owners Printed Name: _____

*Pet(s) Name(s): _____

Pet Information

Pet Name: _____ Species: _____

Breed: _____ Color: _____

Sex: Male / Female Spayed or Neutered? Yes / No

Weight (lbs): _____ Approx. Date of Birth (mm/dd/yy): _____

Behavioral Information- if yes, please explain

1.) Does your dog have any destructive habits when left alone? Yes / No

2.) Has your dog ever jumped, climbed, or dug out of a fence? Yes / No

3.) Does your dog ever resource guard toys, food, water, or people? Yes / No

4.) Has your dog ever socialized in a group of 6 or more dogs? Yes / No

5.) Does your dog have experience in a kennel environment? Yes / No

6.) Is there anything else we should know about their behavior?

Health Information

Veterinary Hospital: _____

Phone # _____

1.) Does your pet have any food allergies or sensitivities?

Yes/ No If yes, please list them: _____

2.) Does your pet have any medical conditions or disabilities that we should know about (ex. Seizures, tumors, hot spots, etc.)?

Yes / No If yes, please explain: _____

3.) Does your pet have any past injuries that we should know about?

Yes / No If yes, please explain: _____

4.) Is there anything else we should know about your pet's health or medical history?
