

Day Care and Boarding Enrollment Forms

Learning Pawsibilities

4019 N 32nd street, Phoenix 85018

2609 N 24th street, Phoenix 85008

We are thrilled your dog will be joining the fun here at Learning Pawsibilities! Please fill out the forms below, and bring it with you together with vaccination records. Your veterinarian's office may fax or email records ahead of your appointment.

Dog's Name: _____ Breed/Description: _____ Birthday: //
Weight: _____ Color: _____

Neutered Male Spayed Female Too Young

Date: (Spay/Neuter) _____

All dogs over the age of 7 months old, or those exhibiting early onset adolescence, must be spayed/neutered.

Where did you acquire your dog: Breeder Rescue/Shelter Re-homed
 Found Please specify: _____

Date Acquired: _____

Behavior: (check all that apply)

Has attended daycare Goes to the dog park Crate-trained
 Displays leash aggression Displays separation anxiety Has bitten someone

Has formal training Altercation with a dog Can escape crate
 Prone to eating foreign objects/poop:

Lives with other household pets:
 Is your dog afraid of anything, such as loud noises, thunderstorms, men?

If necessary, please explain any behaviors listed above or add

any other behavior we should note here:

Health History: (check any that have occurred in the last 6 months)

Ear Infections Eye Infections Allergies Gastritis/Bloat Heartworms
 Tapeworms Canine Cough Heat Stroke Seizures .
 Surgeries:

Regular Medications:
Please explain any health conditions listed above:

Special words or phrases used with your dog, training commands that he knows:

Owner #1 Name:

Address:

Email:

Cell Phone:

Owner #2 Name:

Address:

Email:

Cell Phone:

Work Phone:

Emergency Contact: (if owner(s) cannot be reached)

Name:

Phone:

Relation to family:

Veterinarian:

Veterinarian Name:

Phone:

Hospital Name:

City & State:

****Boarding extremely old, chronically ill or otherwise debilitated pets requires extra care, which our caring and trained staff is happy to provide. However, special needs pets, puppies and senior pets naturally have a higher risk of injury, stress related illness, or exacerbation of any preexisting condition. As such, by boarding your special needs pet, puppy or senior pet with us you are waiving any claim for injury or illness experienced by your pet while in our care and that is not directly caused by the negligence or lack of care on the part of our staff.**

_____ (initials)

****Owner understands and agrees that Owner's dog will be in the group with other**

dogs. During normal dog play, Owner's dog may sustain injuries. All dog play is monitored by Daycare attendants to avoid injury, but scratches, punctures, torn ligaments, and other injuries may occur despite the best supervision. Learning Pawsibilities will not be held responsible for those injuries.

_____ (initials)

Owner further understands and agrees that neither Learning Pawsibilities nor any of its employees, staff or volunteers, will be liable for any illness, injury, death, and/or escape of Owner's dogs.

Dog(s) provided that reasonable care and precautions are followed, and Owner hereby releases all of them of any liability of any kind whatsoever arising from or as a result of Owner's dog(s) attending or participating at Daycare, Boarding, Training, Pet sitting, Dog Walking, Pet Taxi or Grooming.

_____ (initials)

Owner further understands and agrees that Owner's dog(s) are healthy and will at all times while attending Daycare, Training, Boarding or Pet Sitting have current vaccinations. Owner is not enrolling any dog in Daycare, Training or Boarding that has any condition that could potentially jeopardize the health of other dogs or people and has not had any potentially communicable condition within 30 days prior to enrollment. **Owner further understands that even if Owner(s) dog is vaccinated for Bordatella (Kennel Cough) there is a chance that the Owner(s) dog can still contract Kennel Cough. I agree that I will NOT hold Learning Pawsibilities responsible if Owner's dog(s) contracts Kennel Cough.**

_____ (initials)

In the event of illness or injury, I authorize Learning Pawsibilities to seek appropriate medical treatment for my pet.

I understand that every effort will be made to take my pet to the vet clinic specified on the emergency form if the situation permits however; Learning Pawsibilities has the authority to seek treatment at any veterinary clinic.

Furthermore, I agree to reimburse Learning Pawsibilities within 14 days of incident for veterinary fees and all related costs including transportation in any amount up to \$_____ (please specify dollar amount per pet. Common amounts are \$200, \$1000, or unlimited).

This release does not expire and will remain valid for all future Learning Pawsibilities services.

Services Interested in:

Daycare Boarding Dog Training Bath, Pet Sitting Dog Walking
Other: _____

How did you hear about us?

Owner Signature:
Date:

Learning Pawsibilities:
Date:

