

HOUND AROUND RESORT DAYCARE APPLICATION FORM

Owner Information	NAME: _____ ADDRESS: _____ E-MAIL: _____ _____ HOME PH: _____ _____ CELL PH: _____
Dog Information	NAME: _____ BREED: _____ AGE: _____ BIRTHDAY: _____ SEX: _____ NEUTERED/SPAYED: _____ COLOR: _____ WEIGHT: _____ MICROCHIP (Y/N) # _____ VETERINARIAN: _____ PH: _____ DOES YOUR DOG HAVE ANY MEDICAL ISSUES/CONCERNS: _____ IF YES, DESCRIBE: _____ DOES THE CONDITION REQUIRE ANY MEDICATION: _____ IF YES, DESCRIBE: _____ _____ HOW OFTEN: _____ DOES YOUR DOG HAVE ANY HANDICAPS: _____ IF YES, DESCRIBE: _____ _____ HAS YOUR DOG EVER BITTEN SOMEONE: _____ IF YES, DESCRIBE: _____ _____ HAS YOUR DOG EVER BITTEN ANOTHER ANIMAL: _____ IF YES, DESCRIBE: _____ _____ IS YOUR DOG FOOD OR TOY POSSESSIVE: _____ FEEDING SCHEDULE: _____ BRAND OF FOOD: _____ QUANTITY GIVEN AT EACH FEEDING: _____ OTHER COMMENTS REGARDING YOUR DOGS SCHEDULE: _____ _____ _____
Emergency Instructions	_____ Take my dog to our veterinarian only. _____ Take my dog to the nearest animal hospital or emergency clinic. Emergency Contact: _____ Phone Number: _____ In case of any emergency situation or injury, you will be contacted immediately. If we are unable to reach you or your emergency contact and if immediate medical attention is required, we will transport your dog to your veterinarian, unless otherwise instructed by you or your emergency contact. If the situation is severe we will contact the closest animal hospital/clinic and transport your dog. There is no cost to you for transporting your dog. If the situation does not require immediate attention, you will be contacted and advised of the situation and we will follow your instructions. I/We, the owner(s) and pet parent(s) of _____ understand that there are inherent risks to bringing my/our dog to Hound Around Resort. In the event of serious injury and/or illness, I/we hereby give consent to Hound Around Resort and its employees to act on my/our behalf, in the event that we cannot be contacted, to authorize and/or refuse any necessary medical treatment. I/we understand that I/we will be responsible for any and all costs incurred for such treatment. SIGNATURE: _____ DATE: _____

HOUND AROUND RESORT WAIVER FORM

1. I hereby represent that I am the legal owner of the dog(s) described above to be enrolled at Hound Around Resort.
2. I hereby waive and release Hound Around Resort, it's employees, directors, owners and agents from any and all liability for injury or damage which my dog(s) may suffer, including specifically, but not without limitation, any injury or damage whatsoever arising from the dog(s) attendance and participation at Hound Around Resort.
3. I hereby agree to indemnify and hold harmless Hound Around Resort; it's employees, directors, owners and agents from any and all claims by any member of my family or any other person accompanying me to a function of Hound Around Resort, or while attending the premises thereof, as a result of any action by any dog.
4. I hereby represent that my dog(s) is of good health and has not been ill with ANY known contagious diseases within the past 30 days.
5. I recognize that the health of the dog(s) is the owner's responsibility. I hereby represent that all required vaccinations (rabies, bordetella, and distemper) are up to date. I will also continue to ensure that the required vaccinations will be kept up to date for as long as my dog(s) attends Hound Around Resort. I will provide proof of all vaccinations to Hound Around Resort upon request.
6. I further understand and agree that in admitting my dog(s), Hound Around Resort has relied on my representation that my dog(s) is in good health and has not harmed or shown aggression or threatening behavior towards any other person or any other dog.
7. I further understand and agree that Hound Around Resort and their caregivers will not be held liable for any problems that might develop with my dog(s) including, but not limited to sickness, disease, injury, running away and death, provided that reasonable care and precautions are followed.
8. I UNDERSTAND AND AGREE THAT ANY PROBLEM THAT DEVELOPS WITH MY DOG(S) WILL BE TREATED AS DEEMED BEST BY THE CAREGIVERS OF HOUND AROUND RESORT AT THEIR SOLE DISCRETION AND THAT I ASSUME FULL FINANCIAL RESPONSIBILITY FOR ANY AND ALL EXPENSES INCURRED.
9. I AGREE THAT IF MY DOG(S) CAUSE BODILY HARM OR INJURY TO ANOTHER DOG(S) WHILE AT HOUND AROUND RESORT THAT I/WE ASSUME FULL RESPONSIBILITY FOR ANY AND ALL COSTS INCURRED FOR TREATMENT OF THE DOG(S)!
10. I AGREE THAT IF MY DOG(S) CAUSE PROPERTY DAMAGE TO THE FACILITY OR OTHER DOGS BELONGINGS WHILE AT HOUND AROUND RESORT I/WE ASSUME FULL RESPONSIBILITY FOR ALL COSTS INCURRED FOR REPAIR OR REPLACEMENT.
11. Hound Around Resort fees and packages are non-refundable and non-transferable.
12. I agree that my dog(s) may be videotaped, photographed and or recorded. Hound Around Resort shall be the exclusive owner to the results and all proceeds of such media.
13. Hound Around Resort reserves the right to permanently remove a dog from daycare at any time.
14. I understand that the rules above apply to any dog(s) of mine attending daycare, boarding and all special events.

SIGNATURE: _____ DATE: _____