



3720 SW Moody Avenue | Portland, OR 97239  
503.241.5905

TDH Staff Use Only	
Evaluation Date:	_____
	(date   initials)
Application Complete:	_____
	(date   initials)
Vaccinations Verified:	_____
	(date   initials)

## REGISTRATION FORM

### OWNER'S INFORMATION

\*Owner's Full Name: \_\_\_\_\_ \*Phone Number: \_\_\_\_\_  
\*Home Address: \_\_\_\_\_ \*Email Address: \_\_\_\_\_  
\*Emergency Contact: \_\_\_\_\_ \*Phone Number: \_\_\_\_\_  
\*Persons authorized to pick up your pet: \_\_\_\_\_  
How did you hear about us? \_\_\_\_\_  
Employer \_\_\_\_\_

### PET'S INFORMATION

Dog 1 \*Name: \_\_\_\_\_ Breed: \_\_\_\_\_ \*Gender:  F  M  
Birth Date: \_\_\_\_\_ Weight: \_\_\_\_\_ \*Spayed/Neutered:  Y  N  
(or approximate) (approximate is OK)  
Coloring: \_\_\_\_\_ Daycare:  Veteran  Newbie

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Dog 2 Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Gender:  F  M  
Birth Date: \_\_\_\_\_ Weight: \_\_\_\_\_ Spayed/Neutered:  Y  N  
(or approximate) (approximate is OK)  
Coloring: \_\_\_\_\_ Daycare:  Veteran  Newbie

### VETERINARIAN INFORMATION

\*Clinic Name: \_\_\_\_\_ \*Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_

### HEALTH INFORMATION

\*Please let us know about all health issues, allergies, and medical conditions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



\*Has your dog been ill in the last 30 days?  Y  N

Please describe: \_\_\_\_\_

\*Is your dog currently taking any medications or supplements?  Y  N

Please describe: \_\_\_\_\_

**Note:** If your dog will be receiving medications/supplements while staying with us, please fill out a Medication/Supplement Administration Form for each dog receiving medications.

\*Is your dog allowed to have treats while in our facility?  Y  N

\*Is your dog on some form of flea preventative?  Y  N

**Dogs must be current on preventative treatment. We rely on you to keep flea treatment up-to-date.**

*All dogs must be current on the following vaccinations:	Dog #1	Dog #2
Bordetella	Due Date: _____	_____
DHLPP (Distemper)	Due Date: _____	_____
Rabies	Due Date: _____	_____
Additional vaccinations (not required):		
Influenza	Due Date: _____	_____

**BEHAVIOR INFORMATION**

Please describe any behavioral issues your dog has exhibited (past or present), including incidents of biting or growling at another dog or person, food or toy aggression, etc. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe any situation where your dog may become stressed or unfriendly (e.g., around tall men, scared of thunder, doesn't like hats, is leash aggressive): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SOCIAL MEDIA / PHOTO & VIDEO RELEASE**

**Follow us on social media to see your fur-baby playing with his/her/their friends!!**

Facebook: [@DogHouseBoardingPDX](#) | Instagram: [@thedoghouseportland](#)

If you would like to be tagged in Instagram posts/stories featuring your pet, please let us know by providing:

Dog's Username: \_\_\_\_\_ Owner's Username: \_\_\_\_\_

*I understand that The Dog House has full permission to use my pet's photographic images (which includes video) in its business, including website content, newsletters, social media sites, etc. I understand that these photographic images may be used for news organizations and promotional purposes, and I waive any right that I may have to inspect or approve of the way in which the photographic images may be used.*



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**SIGNATURE / ACKNOWLEDGEMENT**

For the safety of all dogs and staff at The Dog House, I understand that all of the information I have provided must be accurate. I hereby acknowledge and agree that all the information in this application is complete and correct to the best of my knowledge. I agree to promptly update The Dog House if there are any changes to the information provided herein. I further attest that if I am the owner of the dog subject to this application and that my signature is sufficient to enter into this application for and on behalf of any other owner.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Pet's Name: \_\_\_\_\_

Forms Attached:

- Rules and Regulations (Required)
- Agreement and Release (Required)
- Medical Policy and Release Form (Required)
- Medication/Supplement Administration Form (If Applicable)

**TDH Staff Use Only**

<input type="checkbox"/> Signed	_____
	(date   initials)
<input type="checkbox"/> Signed	_____
	(date   initials)
<input type="checkbox"/> Signed	_____
	(date   initials)
<input type="checkbox"/> Included	_____
	(date   initials)



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## RULES AND REGULATIONS:

The purpose of The Dog House Doggie Daycare and Dog Wash (The Dog House) is to provide a safe, fun, and stimulating environment for all of our guests and staff. To ensure the safety and health of your pet, our other clients, their owners, and our staff, we require all of our guests to comply with the following Rules and Regulations.

**HEALTH:** All pets must be in good health. Owners must certify that their pet(s) are in good health and have not been ill in the past 30 days. On admission all pets must be free from any condition that have the potential to jeopardize other guests. Pets who have been ill with a communicable condition in the last 30 days will require a veterinarian certification of health to be admitted or readmitted. All pets must be spayed or neutered, unless prior arrangements have been made.

**VACCINATIONS:** All pets must have up-to-date vaccinations. Owners must submit written proof from their veterinarian that their pet received Distemper, Hepatitis, Leptospirosis, Parainfluenza, Parvovirus (often referred to as DHLPP, 5-in-1, or 6-in-1), Rabies, and Bordetella vaccinations within the past year (or within the past 3 years for Rabies). The Dog House does not currently require the influenza vaccine (though it is encouraged), but influenza or other additional vaccinations may be added to these requirements for the protection of pets and humans. The Dog House requires proof of updated vaccinations upon expiration (DHLPP and Bordetella shots annually and Rabies shots every 3 years).

**FLEA AND TICK PREVENTION:** All pets must be on a flea and tick preventative. If any fleas or ticks are discovered on a pet during check-in or at any other time while the pet is receiving services from The Dog House, The Dog House may administer a flea bath and flea spot treatment at the owner's expense.

**BEHAVIOR:** All pets must be non-aggressive and not food or toy protective. If a dog acts aggressively or exhibits unacceptable behavior, he/she may be separated from the other dogs. The Dog House staff may use squirt bottles, citronella spray, isolation, and, in extreme cases, restraints and/or muzzles to control a dog for the safety and protection of other pet guests and humans. If, in the sole discretion of The Dog House staff, a dog is determined to be incompatible with The Dog House's playgroup or facilities, The Dog House reserves the right to refuse to accept the dog for boarding, daycare, and/or other services.

**LEASHES & COLLARS:** All pets must enter and exit on a leash. Dogs may be given one of The Dog House's quick-release collars to wear while receiving services at The Dog House.

**APPLICATION:** All pets must have a complete, up-to-date, and approved application on file.

**FEES:** Fees are due at time of pick-up, unless a deposit is requested in advance in The Dog House's sole discretion.

**DAYS AND HOURS:** The Dog House's hours are Monday through Friday from 6:30am to 7:30pm. Saturday and Sunday, 9:00am to 5:00pm. Your pet may not be dropped off before opening unless prior arrangements have been made. All pets must be picked up by closing, unless prior arrangements have been made. Ten minutes after closing, if your dog hasn't been picked up and no arrangements have been made with staff, he/she will be boarded overnight and boarding fees will apply.

**RESERVATIONS:** Reservations are currently required for overnight boarding only or for unaltered dogs. Reservations for daycare are recommended for major holidays and summer weekends, which tend to be busy. Without reservations, The Dog House accepts guests on a first-come, first-served basis.

**URGENT VETERINARIAN CARE:** *Please refer to the Medical Policy and Release Form.*

**PERSONAL PROPERTY:** The Dog House is not responsible or liable for any lost, stolen, or damaged personal property belonging either to pets or their owners that is left at The Dog House. You consent to The Dog House staff removing your dog's collar in the play area and either replacing with one of The Dog House's quick-release collars or leaving it off in the play and kennel areas to prevent injury or damage. This includes flea collars, activity/location trackers, ear bows, etc.



## AGREEMENT AND RELEASE

1. In consideration of being permitted to use the services and facilities of The Dog House Doggie Daycare and Wash (The Dog House), the undersigned owner, on behalf of themselves and any other owner of their pet(s) (Owner), hereby release, waive, and discharge The Dog House, its owners, staff, and volunteers from all liability for any and all loss or damage, and any claim or damages resulting therefrom, on account of injury, loss, damage, infestation, or disease to Owner's pet(s), including injury resulting in death, whether caused by the negligence of The Dog House, its owners, staff or volunteers, or otherwise while Owner's pet(s) are under the care of The Dog House.
2. Owner agrees to indemnify The Dog House, its owner, staff, and volunteers for any loss, liability, damage, or cost they may incur due to Owner's presence or the presence of Owner's pet(s) in or upon The Dog House premises and while their pet(s) is/are under the care of The Dog House.
3. Owner agrees to indemnify The Dog House, its owners, staff, and volunteers for any loss, liability and damage, or cost they may incur from delivering their pet(s) from The Dog House premises to and from my place of residence, if applicable. This includes, but is not limited to, any injury, illness or death to the pet(s) and damage and theft to Owner's residence.
4. Owner hereby assumes full responsibility for any harm caused by their pet(s) while in or upon The Dog House premises and while their pet(s) is/are under the care of The Dog House. Owner further agree to indemnify The Dog House, its owners, staff, and volunteers for any loss, liability, damage, or costs they may incur due to any harm caused by Owner's pet(s).
5. Owner expressly agrees that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Oregon, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.
6. Owner agrees that should a court determine that any provision waiving liability is deemed not enforceable, The Dog House's liability shall be limited to the funds paid to it by Owner for taking care of Owner's pet.
7. Owner further understand and agree that in admitting their pet(s) to The Dog House, the owners and staff of The Dog House have relied on Owner's representations that Owner's pet(s) is/are in good health and has/have not harmed or shown aggression or threatening behavior toward any person or any other pet.
8. Owner further understands and agrees that any injury or illness that develops with Owner's pet(s) will be treated as deemed best by The Dog House, and that Owner assumes full financial responsibility for any and all expenses involved, even if such expenses were later found to be unnecessary. Furthermore, should Owner's pet pass away during our absence, a veterinarian may be called to safe keep the pet's body until Owner's return.
9. Owner understands that The Dog House is a cage-free facility utilizing playgroups where multiple dogs interact. Owner understands and acknowledges that dogs play with their mouth and paws, which can result in cuts, scratches, and nicks on Owner's pet(s). While The Dog House provides reasonable care and supervision in the playgroups, Owner further understands and agrees that The Dog House staff may not notice these nicks or scratches before a pet's departure and, therefore, Owner might not be notified.

Owner has read the attached Rules and Regulations and agrees to abide by them. Owner certifies that they have read and understand the Rules and Regulations and that they have read and understand this Agreement and Release. Owner agrees to accept all the terms, conditions, and statements of this Agreement and Release.

Signature of Owner: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Name of Dog: \_\_\_\_\_



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## MEDICAL POLICY AND RELEASE FORM

### POLICY REGARDING MEDICAL CONCERNS

The Dog House Doggie Daycare & Wash (The Dog House) goes to great lengths to ensure the health and safety of all our guests because the safety and wellbeing of your pet(s) are very important to us. However, in the natural course of all animals' lives medical issues may occur. In the event that a medical concern arises while a pet is at our facility or participating in a service that we provide it is imperative that we are immediately able to get them evaluated for medical treatment at the closest appropriate facility. As a safeguard for your pet, and for your peace of mind, we have developed a relationship with our next-door neighbor, Wildwood Veterinary Clinic.

**Therefore, if The Dog House staff, in their sole discretion, has health concerns regarding your pet(s) while staying with us, your pet(s) will be taken to Wildwood Veterinary Clinic (Wildwood) for a medical exam.** We will attempt to contact you or, if we are not able to reach you, your emergency contact as soon as possible, but for the health and safety of your pet, The Dog House and its staff may seek medical attention without delay if, in their sole discretion, they believe your pet(s) may be harmed by such delay. In a life-or-death emergency, the veterinarian will immediately proceed with reasonable treatments and diagnostics to attempt to stabilize your pet, and we will continue to attempt to contact you or your emergency contact. In all other circumstances, where an eminent risk of death is not identified, the staff at The Dog House and Wildwood will attempt to contact you or your emergency contact with Wildwood's recommendations based on their exam findings and no other diagnostics or treatments will be performed without you, or your agent(s), consent.

### CONSENT TO TREATMENT AND RELEASE

I, on behalf of myself and any other owner of my pet(s), acknowledge and agree that I have read and understood the above policy. I understand that in the event of a medical emergency that The Dog House, at its sole discretion, deems to need the immediate attention of a licensed veterinarian, I authorize The Dog House to seek medical attention at Wildwood Veterinary Clinic or, if Wildwood is unavailable, the closest available veterinary facility. I acknowledge that medical treatment may require transportation of my pet to receive care, and I hereby authorize such transportation. I further agree that I am financially responsible for any medical treatment my pet(s) receives as a result of a medical emergency while attending, or receiving services provided by, The Dog House.

I agree that I am assuming all risk of illness, disease, harm, or otherwise to my pet by allowing my pet to participate in services at and with The Dog House. Furthermore, I agree that I am assuming all risk of the consequences associated with any decisions made by The Dog House, relating to the medical care and transportation of my pet in the event of a medical emergency. I agree to be solely financially responsible for any and all veterinarian care of my pet while in the care of The Dog House, or as a result from time spent at The Dog House. IN ADDITION, I AGREE THAT IF MY PET IS INJURED BY ANOTHER PET, I HEREBY RELEASE THE DOG HOUSE, ITS OWNERS, EMPLOYEES, AND AGENTS FROM ALL LIABILITY AND FINANCIAL RESPONSIBILITY FOR SUCH INJURY. I FURTHER UNDERSTAND THAT IF MY PET BITES A HUMAN OR PET, THAT THE DOG HOUSE MAY CONTACT THE APPROPRIATE AUTHORITIES.

Signature of Owner: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Name of Dog: \_\_\_\_\_