



3720 SW Moody Ave. Portland, OR 97239

P: 503.241.5905 F: 503.715.4998

**Client Information**

Owner's Full Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

\_\_\_\_\_ Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Names of Those Allowed to Pick up Your Pet: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

**Dog Information**

Dog 1: Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Gender: M / F  
Birth Date: \_\_\_\_\_ Description: \_\_\_\_\_

Dog 2: Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Gender: M / F  
Birth Date: \_\_\_\_\_ Description: \_\_\_\_\_

**Veterinarian Information**

Clinic Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Health Information**

Your dog's health is extremely important to us. Please let us know of all health issues, allergies, and medical conditions.

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



Is your dog spayed or neutered? Yes \_\_\_\_\_ No \_\_\_\_\_

- Dogs 7 months or older must be spayed or neutered.

Is your dog on some form of flea preventative? Yes \_\_\_\_\_ No \_\_\_\_\_

- 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 |
|---|------------------|--------|--------|
| <input type="radio"/> DHLPP (annually)                  | Expiration Date: | _____  | _____  |
| <input type="radio"/> Rabies (every 3 yrs)              | Expiration Date: | _____  | _____  |
| <input type="radio"/> Bordatella (6 months)             | Expiration Date: | _____  | _____  |

### **Behavior Information**

Please list any behavior issues your dog has exhibited in the past, including incidents of biting or growling at another dog or person, food or toy aggression, etc.

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Are there any behavioral issues your dog is experiencing presently? \_\_\_\_\_

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Is your dog frightened or stressed by any type of human, dog, event (e.g., tall men, chocolate labs, thunder, etc.)? \_\_\_\_\_

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**Photo release:** I agree to allow my dog's photo/video to be taken while at The Dog House. It may be used in promotional materials and on our website. To decline, check here:

**For the safety of all dogs and staff at The Dog House, all of the information I have provided is the most current and up-to-date.**

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

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



**Rules and Regulations:**

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

**SEX:** All dogs/cats must be spayed or neutered.

**VACCINATIONS:** All pets must have up-to-date vaccinations. Owners must submit written proof FROM THEIR VETERINARIAN that their pet received DHLPP, Rabies, and Bordatella vaccinations within the past year. Specifically, the vaccines required are Distemper, Hepatitis, Leptospirosis, Parainfluenza, Parvovirus, and Bordatella. These shots are more commonly referred to as DHLPP; 5 in 1 or 6 in 1 and could include or have the kennel cough vaccine as a separate inoculation. These shots are to be given by a Veterinarian annually in addition to Rabies every 3 years.

**HEALTH:** All pets must be in good health. Owners will need to 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, which could potentially 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.

**BEHAVIOR:** All pets must be non-aggressive and not food or toy protective.

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

**FEES:** Due and payable by time of pick-up

**DAYS AND HOURS:** Monday through Friday from 6:30am to 6:30pm. Saturday and Sunday, 9:00am to 5:00pm. Your pet may not be dropped off before opening and not be left here after closing unless your pet is staying overnight or arrangements have been made in advance. All pets must be picked up by closing or a late fee will apply of \$5 per every 5 minutes after closing. Ten minutes after closing, if your dog hasn't been picked up and no arrangements have been made with staff, it will be boarded overnight and the appropriate boarding fees will apply.

**RESERVATIONS/CANCELLATIONS:** Required for overnight boarding only. Cancellations with less than 48 hour notice (72 hours for holidays) will be charged reservation fee.

All dogs must wear a name tag and appropriate collar. I have read and agree to the information above.

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

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

**Print Full Name:** \_\_\_\_\_



**Agreement and Release – Health, Temperament, Damage, and Theft**

1. In agreement of being permitted to use the services and facilities of The Dog House Doggie Daycare and Wash (The Dog House), I/we, the undersigned Owner(s), 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 my/our pet(s), including injury resulting in death, whether caused by the negligence of The Dog House, its owners, staff or volunteers or otherwise while my/our pet(s) are under the care of The Dog House.
2. I/we agree to indemnify The Dog House, its owner, staff, and volunteers for any loss, liability, damage, or cost they may incur due to my/our presence or the presence of my/our pet(s) in or upon The Dog House premises and while my/our pet(s) is/are under the care of The Dog House.
3. I/we agree to indemnify The Dog House, its owner, staff, and volunteers for any loss, liability and damage, or cost they may incur from delivering my/our pet(s) from The Dog House premises to and from my place of residence. This includes, but is not limited to, any injury, illness or death to the pet(s) and damage and theft to my/our residence.
4. I/we hereby assume full responsibility for any harm caused by my/our pet(s) while in/or upon The Dog House premises and while my/our pet(s) is/are under the care of The Dog House. I/we 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 my/our pet(s).
5. I/we expressly agree 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. I /we further understand and agree that in admitting my/our pet(s) to The Dog House, the owners of The Dog House have relied on my/our representation that my 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.
7. I/we agree that should a court determine that any provision waiving liability is deemed not enforceable, The Dog House liability shall be limited to the funds paid to it by me for taking care of my/our pet.
8. I/we further understand and agree that any injury or illness that develops with my/pet(s) will be treated as deemed best by The Dog House, and that I/we assume full financial responsibility for any and all expenses involved, even if such expenses were later found to be unnecessary. Furthermore, should my/our pet die during our absence, a veterinarian may be called to safe keep our pet's body until our return.
9. I/we have read the attached Rules and Regulations and agree to abide by them. I/we certify that I/we have read and understand the Rules and Regulations set forth on the preceding page and that I/we have read and understand this Agreement and Release. I agree to accept all the terms, conditions, and statements of this Agreement.

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

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

**Print Full Name:** \_\_\_\_\_