

Client Contact Information

1) Guardian's Name:	2) Guardian's Name:
Email:	Email:
Best phone number to reach you: (text? Y/N)	Best phone number to reach you: (text? Y/N)
Address:	City/State Zip
Other Adults/ Children at home?	Ages?
How did you hear about us?	
Emergency Contact:	Phone:

Dog(s) Information

1) Dog's Name/ ID:	2) Dog's Name/ ID:
Breed/Sex (spayed/neutered?):	Breed/Sex: (spayed/neutered?)
Date of Birth/Age:	Date of Birth/Age:
Date of Adoption:	Date of Adoption:
Where did you get your dog?	Where did you get your dog?
Other pets at home? Breed? How old?	

Health Information

Veterinarian Office/ Dr.'s Name:	Phone:
Veterinarian Address:	
Vaccination record: - 1 st DHPP given on _____ - Negative fecal test reported on _____ - Rabies given on _____	Vaccination record: - 1 st DHPP given on _____ - Negative fecal test reported on _____ - Rabies given on _____
Current Medications:	Current Medications:
Reason(s) for Meds:	Reason(s) for Meds:

(please turn over and sign)

For Office Use

Date received: _____	<input type="checkbox"/> PK
Vaccination records checked: <input type="checkbox"/> _____	<input type="checkbox"/> BM
DBP <input type="checkbox"/>	<input type="checkbox"/> Socials
QB <input type="checkbox"/>	<input type="checkbox"/> Daycare

Liability Waiver & Policies

Pooch Pawsitive will endeavor to offer only sound, safe, and responsible care for my dog(s). However, I have been told and understand the risks inherent in dog related activities, including but not limited to interactions with other dogs and potential exposure to disease and parasites such as but not limited to fleas.

Further, I am and will remain responsible for the actions of my dog at all times and I hereby agree to indemnify and hold harmless **Pooch Pawsitive** of any and all claims of injury, expense, costs, or damages caused by the actions of my dog while under **Pooch Pawsitive** care. I have been told by **Pooch Pawsitive** and understand the inherent risks of owning a dog, including but not limited to the risk of dog bites to myself or others. I recognize that **Pooch Pawsitive** is not responsible for any unintentional errors, omissions, or incorrect assertions. I understand that the recommendation of any other product or service is not a guarantee of my satisfaction with that product or service.

I agree I do not agree

Payment/Refund Policy:

Payment in full is required before service is provided. There is a \$25 charge for returned checks. Once purchased, classes are non-refundable and non-transferable. If we determine that it's in the best interest for the dog to seek private training, then arrangements for private lessons will be made. Class fees may be pro-rated towards private lessons. If you decline private lessons, then your class fee will be forfeited.

I have read this policy and understand.

I agree to allow my dog's photo to be taken and used by Pooch Pawsitive for marketing and promotional purposes for Pooch Pawsitive's services (including, but not limited to, Facebook, Instagram and the company website)

I agree to keep my dog current on all vaccinations as required by law and as recommended by my veterinarian.

I would like to be added to your email list for the purposes of getting new class schedules and other news and events at Pooch Pawsitive. (We will not share your information with anyone.)

Additional Daycare Policies

Due to the personal attention that we give each dog and the higher ratio of staff:dogs, reservations are required. Please give us 24-48 hours notice of any changes to your dog's attendance.

I authorize Pooch Pawsitive to administer or seek first aid and resuscitative care as determined appropriate by Pooch Pawsitive and I agree to indemnify and hold harmless Pooch Pawsitive for all and any results thereof.

I DO NOT authorize Pooch Pawsitive to administer or seek first aid and resuscitative care as determined appropriate by Pooch Pawsitive and I agree to indemnify and hold harmless Pooch Pawsitive for all and any results thereof.

This contract is validated by the signatures below in total and as approval for future services without additional written authorization.

Dog Guardian	Date	Pooch Pawsitive Representative & Title	Date