



Dog Name(s): _____

Last Name: _____ First Name: _____
Home Address: _____

City: _____ State: _____ Zip: _____

Mobile Phone: () - _____ Credit Card Billing Zip: _____
If different than home zip code

Home Phone: () - _____

Work Phone: () - _____
Different than Vet or You

Alternate Contact for Emergencies: _____ Phone: () - _____

Your E-mail: _____ @ _____

How did you hear about us? _____

Fog City Dog Lodge and Fog City Doggie Daycare, its owners, employees, representatives or any other persons affiliated with the company shall hereinafter be referred to as "**Fog City Dogs**".

Although we watch the dogs in our facilities carefully and **do not** admit aggressive dogs, playgroups and outside dog walks can be hazardous due to forces beyond our control. For your dog's safety, playgroups will be supervised and outside walks will only be done with our own equipment including choke chains. Even though we work hard to insure your dog's safety and well being, the dogs can get rambunctious and play roughly at times. By signing this form, you agree that we cannot be held responsible for injuries that may occur to your dog while in our care. Fog City Dogs will make every effort to return all your dog's belongings in their original condition. However, you also understand that you are leaving your dog's belongings here at your own risk. Dogs can be destructive and Fog City Dogs cannot be held liable for any damage to your dog's belongings (including collars, harnesses, leashes, bedding, etc). Lastly, even though Fog City Dogs will follow your dog's meal and medication instructions and make extra efforts to get your dog to eat his/her meals, some dogs tend to lose weight while boarding. Fog City Dogs cannot be held responsible for any weight loss to your dog while in our care.

As owner of the above said dog(s), you hereby give consent for emergency medical care as prescribed by a duly licensed veterinarian. This care may be given under whatever conditions are necessary to preserve life, limb, or the well being of your dog. You agree to pay all charges relating to your dog's care regardless of who releases them to Fog City Dogs on your behalf.

By signing this form, you or your representative(s) _____ (*print your name*) shall agree not to hold "**Fog City Dogs**" liable for any injuries to your dog _____ (*print dog's name*) while in the care of "**Fog City Dogs**".

By signing this form, you acknowledge that you accept liability for your dog's behavior and any injuries resulting from their actions. You also agree to accept charges for all care your dog receives, regardless of who brings your dog to Fog City Dogs. All Pre-paid Package sales are final and not refundable but are transferrable. Your signature acknowledges that you understand and accept the terms and conditions set forth by this agreement.

Customer Signature: _____ **Date:** _____

Fog City Dogs Signature: _____ **Date:** _____



Additional Information on Your Dog

(Please Complete a Separate Sheet for Each Dog)

Dog Name: _____

Breed: _____

Color: _____

Sex: Male Female

Spayed/Neutered: Yes: No:

Vet Clinic: _____ Vet Phone: _____ Vet City, State _____

↑Last Known↑

↓If Birth Date is Unknown↓

Dog's Birth Date: ____ / ____ / ____ Approx. Age: ____ years ____ months Approx. Weight _____

To be completed by a Fog City Dogs Manager only:			
	Date Given:	Date Due:	Manager Signature:
Bordetella (kennel cough)			
DHLPP			
Rabies			
Estimated Rate for Bathing this Dog: \$			

Dog Behavior History:

- Has your dog been to a day care or boarding facility before? Yes No
- Has your dog been socialized with other dogs? Yes No
- Has your dog been socialized with other people? Yes No
- Is your dog aggressive with strangers? Yes No
- Is your dog leash aggressive on walks towards people? Yes No
- Is your dog leash aggressive on walks towards other animals? Yes No
- Does your dog have any allergies? Yes No
 - If yes please list them. _____
- Has your dog been in training classes - public and/or private? Yes No
 - If yes, by who, when, and for how long? _____
- Has your dog ever been attacked: Yes No If so, when: _____ What breed: _____

Known Problems Please list any that apply to your pet:

Dog aggressive* _____ People aggressive* _____ Runs away _____
 Unruly _____ Escapes _____ High jumper _____
 People possessive _____ Separation anxiety _____ Food Aggressive* _____
 Stool eater _____ Picky eater _____ Toy Possessive _____
 Other _____

*We are not the right environment for aggressive dogs, please describe to our manager a detailed description of the type of aggression your dog has exhibited prior to the starting the temperament evaluation.

Pre-Existing Medical Conditions that may impact your dog's care: _____

Special Medications for unique conditions: _____

Is there anything else we need to know about your dog? _____

I assert that the above stated info is true and correct. I also understand that an evaluation involves introducing my dog to other dogs which is inherently risky. I believe my dog is not aggressive toward other dogs and agree to be responsible for the conduct of my dog and any injuries my dog may inflict on others.

Customer Signature: _____ **Date:** _____

Fog City Dogs Signature: _____ **Date:** _____