



DOGTOPIA REGISTRATION FORM

Services Interested In: (Please check all that apply.)

Date: _____ Daycare Boarding Spa Other: _____

PET-PARENT INFORMATION

Pet-Parent #1 _____

Phone: _____ Email: _____

Address: _____ City: _____ Zip: _____

Pet-Parent #2 _____

Phone: _____ Email: _____

Please check if you **DO NOT** wish to receive Dogtopia updates and special offers via: Email Text

Number of dogs enrolling at Dogtopia: _____ **If more than one dog, please complete an "additional" dog registration form for each dog.**

How did you hear about Dogtopia? _____

Veterinarian: _____ Phone Number: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Phone: _____ Relationship: _____

ABOUT YOUR FURRY FAMILY MEMBER

Dog's Name: _____ Breed/Description: _____ Spayed/Neutered*? Yes No

Color: _____ Approx. Weight: _____ Birthdate (if known): _____ Age: _____ Gender F M

***Note: All dogs over the age of 7 months old, or those exhibiting early onset adolescence, must be spayed or neutered.**

Where did you get your dog from? Breeder Rescue/Shelter Re-Homed Found How long have you had your dog? _____

Any known history, please describe: _____

Has your dog been in an open play daycare/boarding before? Yes No If your dog has been in open play daycare or boarding before, what did you like the most and least about your last daycare/boarding provider?

Like Most: _____

Like Least: _____

When would you like to start daycare? _____

If boarding, what is your start date? _____ end date? _____

Which days of the week will you be coming to daycare? Mon Tues Wed Th Fri Sat Sun



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What is most important to you about your dog's overall care?

What are the 3 most important things you want your dog to experience at Dogtopia?

1. _____
2. _____
3. _____

HEALTH HISTORY

Up-To-Date Vaccinations, please check all that apply:

- Rabies
 Bordetella
 DHPP
 Canine Influenza
 Please note: A current vaccination record from your Vet is required.

Check any that have occurred in the last 6 months:

- Ear Infections
 Eye Infections
 Allergies
 Gastritis/Bloat
 Heartworms
 Tapeworms
 Canine Cough
 Heat Stroke
 Seizures
 Fleas/Ticks

Additional Health Concerns:

- Heart
 Vision
 Hearing
 Skin
 Hip/Elbow/Knee

Surgeries (describe): _____

Regular Medications (describe): _____

Preventative Health Maintenance: Current Flea/Tick Current Heartworm

Does your dog have any known allergies (include food, spa grooming products, other)? If so, list:

BEHAVIOR & SOCIAL INTERACTIONS

Describe your dog's personality: _____

How would you describe your dog's energy level most of the time? High Medium Low

Is/has your dog (check all that apply):

Crate Trained Escaped a crate/door, if checked explain: _____

Climbed/Jumped fences, if checked explain: _____

Eaten stool or other foreign objects, if checked explain: _____

Does your dog go to dog parks or other off-leash environments? if yes, how often: _____



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Has your dog ever nipped or bit anyone, if checked explain:

Has your dog ever been dismissed from daycare/boarding, if checked explain:

Is your dog trained for or participate in hunting excursions (e.g., rabbits, birds, squirrels)? If checked, please explain:

Does your dog readily share toys with other dogs? Yes No If no, please explain: _____

Is there any person, dog, or environment that makes your dog uncomfortable? Yes No If yes, please explain:

Does your dog play well with dogs of all sizes/breeds? Yes No If no, please explain:

Are there any types of breeds of dogs that your dog does not like? Yes No If yes, please explain:

Has your dog had any interaction with puppies? Yes No If yes, please explain: _____

My Dog... Please check all that apply:

- Barks at dogs while on leash Barks at dogs that pass by the house Is shy/nervous around dogs
- Loves to be chased by other dogs Loves to chase other dogs Plays rough Likes to chase or hunt small animals

Which commands does your dog know? (Please check all that apply.)

- Sit Down Stay Come Heel Leave It Go to Crate

Other: (describe) _____

DIET

What brand and type of food is your dog fed? _____ The amount? _____ How often? _____

May we offer your dogs treats? Yes No

Is there anything else about your dog that we should know? (Describe.)

Others who can pick up dog: _____



EVALUATION WAIVER

I _____, certify that my dog(s) _____ is/are in good health, have not been ill with any communicable diseases or parasites in the last 30 days, and have not harmed or shown aggressive or threatening behavior towards any person or any other dog. I also have read and understand and agree to the following:

1. Inherent Risks of Play, Spa, Boarding & Grooming. I understand that Dogtopia is an open-play environment and because of this there are inherent risks, which even when closely monitored, may result in the following:
 - a. Transfer of communicable parasites or an illness such as, but not limited to, the canine papilloma virus also known as “puppy warts,” or an upper respiratory illness like Kennel Cough, which can be caused by a contagious bacteria or virus.
 - b. Injuries, usually benign, such as broken nails, sore pads, puncture wounds, abrasions and cuts, particularly in shorter coated breeds, etc.
 - c. Behavioral problems.

2. Release. Dogtopia and their team will not be liable for any health or behavioral problems that develop in my dog(s), and I hereby release them of any liability of any kind whatsoever arising from my dog(s) attendance and participation at Dogtopia. I am solely responsible for any harm, including to any other dog(s), to the employees or invitees of Dogtopia, or to the equipment, physical plant, or other property of Dogtopia, caused by my dog(s) while my dog(s) is/are attending Dogtopia.

3. Crate Usage. I authorize my dog(s) to be placed in a crate during the evaluation process, boarding and/or daycare.

I have read and understood all terms of this agreement.

Pet Parent Signature

Date

Printed Name