



4144 Buena Vista St Dallas TX 75204

Client Information:

Date _____

Owners Name _____

Address _____ *Zip* _____

Phone Hm _____ *Cell* _____ *Wk* _____

Email address _____

Veterinary Clinic _____

Pet Information:

Date of last Vaccinations _____ *Bordatella* _____

Pets Name _____ *DOB* _____ *Breed* _____

Male or Female _____ *Spayed or Neutered* _____

Does your pet have any physical limitations? _____

Does your pet play well w/ others? _____

Is your pet OK w/ children? _____ *Puppies?* _____

Toys? _____ *Food?* _____ *Treats?* _____

Anyone/Anything your pet may fear or dislike? _____

Any other comments? (meds or allergies) _____

Is your pet on a flea preventative? _____

Others authorized to pick up? _____

How did you hear about The Dog House? _____

DISCLAIMER: Kimberly is a Certified Veterinary assistant and will have certified and trained staff at the spa. The Dog House will provide a place for exercise and relaxing techniques, however, if your pet has a health issue, a Veterinarian needs to be advised of the visit. The Dog House will not be responsible for correcting an existing problem.

Hours of operation: Monday-Friday 8-6
Saturday 10-3
Sunday CLOSED

The Dog House will allow Sunday pickup at times determined by the staff.

A \$10.00 fee will be charged to anyone picking a pet up after hours (even 10 minutes).

Rules and Regulations:

* All dogs must be spayed/neutered to attend The Dog House (except puppies under 7 months)

* Owners are required to provide proof of current vaccinations. Flea preventative is mandatory, Heartworm medication is highly recommended.

** Pets must be in good health: owners will certify their pet is in good health and has not been ill with a communicable disease in the past 30 days.*

** Pets must be non-aggressive and not overly food or toy protective. Pet will be spending time with other dogs & the safety, health, and enjoyment of all clients is a primary concern.*

CLIENT AGREEMENT:

*** I understand that I am fully & solely responsible for all harm and damages caused by my pet while at The Dog House, LLC*

*** I agree to inform The Dog House, LLC of all risks or existing problems associated w/ my pet that I am aware of.*

*** I will indemnify & hold harmless The Dog House, LLC against any & all claims or costs, including attorney's fees, made against them based on injury or damages caused by my dog while in their care, and or others that accompany me onto the premises, provided reasonable care & precautions are taken by all.*

*** I understand & agree that any problem that develops w/ my pet will be treated immediately as the staff at The Dog House deems best, and I assume full responsibility for any and all expenses. I understand that if my pet becomes ill, The Dog House, LLC, will transport my animal to Hillside Veterinary Clinic or Park Cities Animal Hospital, unless otherwise instructed. I authorize, by my signature below, that all charges for medical services will be my responsibility.*

*** I understand that there is a risk of disease transmission, or an injury that could result in harm or death, when allowing my pet to interact w/ other animals. I understand The Dog House, LLC will do everything possible to keep disease from spreading or accidents from occurring, however it may happen and I will not hold The Dog House, LLC responsible for these occurrences.*

*** I understand that my pet will be interacting with other animals; I will not hold The Dog House, LLC. Responsible for personal items including collars, that may be torn up or destroyed while my pet is visiting the Spa.*

I certify that I have read & understand the rules set forth by The Dog House. I have read and understand this agreement. I agree to abide by the rules and accept all terms and conditions.

THIS IS A WAIVER OF LIABILITY, PLEASE READ!!!

Owner Signature _____ Date _____ Will apply to every visit.