



Phone: 310-530-0800

Fax: 310-530-0802

www.canineretreat.com

CANINE REGISTRATION FORM & AGREEMENT

Please complete this Canine Retreat Registration Form & Agreement. In order to streamline the process, we recommend that you email a completed copy to info@canineretreat.com, or fax it to 310-530-0802, prior to your first visit. We can't wait to meet you and your dog!

OWNER INFORMATION

Name (Primary Owner): _____

Name (Secondary Owner): _____

Primary Owner Mobile # : _____

(Pet updates will be texted to this number if opted in below)

Secondary Owner Mobile #: _____

Home Phone #: _____ Additional Phone # _____

Email Address: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Would you like to receive pet updates, report cards, reservation reminders etc via **text messaging**? Yes No

Emergency Contact Name: _____

Emergency Contact Phone #: _____

People Authorized to pick up your pet: _____

How did you hear about us:

- Search Engine Facebook Yelp! Google Reviews Drove By
 Postcard Mailer San Pedro Today Magazine PV Peninsula News
 Harbor Animal Shelter Other Animal Shelter Trainer: _____
 Veterinarian: _____ Another Daycare/Boarding Facility: _____
 Other: _____ Existing Customer (Name: _____)

They will get a free day of daycare!

CANINE INFORMATION (Please print and complete this page for **each dog**)

Name: _____ Age/DOB: _____ Weight: _____
Breed: _____ Color/Markings: _____
Sex: Male Female Spayed/Neutered: Yes No

Medical

Veterinarian: _____ Phone #: (____) _____
Flea Product (*REQUIRED*): _____ Last Dose: _____
Medical Conditions: _____
Allergies (please list): _____

Feeding

Food Brand: _____ Is your dog allowed treats? Yes No
Frequency & Quantity Fed: AM _____ Noon _____ PM _____

Temperament

Describe your dog's social experience with other dogs (dog parks, daycare etc): _____

1. Any signs of aggression towards people or dogs?..... No Yes
If Yes, explain: _____
2. Has your dog ever bitten a person? No Yes
If Yes, explain: _____
3. Has your dog ever bitten another dog?..... No Yes
If Yes, explain: _____
4. Does your dog react to certain breeds?..... No Yes
If Yes, explain: _____
5. Does anyone or anything trigger fear in your dog (noises etc)?..... No Yes
If Yes, explain: _____
6. Does your dog have any problems sharing toys &/or food?..... No Yes
If Yes, explain: _____
7. Can/does your dog climb/jump fences..... No Yes
If Yes, explain: _____
8. Is your dog an excessive barker?..... No Yes
If Yes, explain: _____
9. Does your dog have any sensitive areas on his/her body?..... No Yes
If Yes, explain: _____
10. Is your dog sensitive to being handled by his/her collar?..... No Yes
If Yes, explain: _____
11. Are you having any behavior challenges with your dog? No Yes
If Yes, explain: _____
12. Has your dog had any formal training? No Yes
If Yes, explain: _____
13. Does your dog have any special needs?..... No Yes
If Yes, explain: _____

OUR POLICIES

- Dogs are required to be **on-leash at all times** when in the parking lot and lobby as we do get visits from aggressive dogs.
- Dogs must be in **good health** when dropped off for daycare and boarding. We won't accept any dog that is coughing or looks sick.
- All dogs must be **spayed/neutered by 7 months of age**
- Dogs are **required** to be current on **flea treatment**. If a dog is found to have fleas he/she will be isolated & given a flea treatment (of our choosing) at the owner's expense.
- Prepaid daycare **packages expire in six months** and are non-refundable.
- Dogs must be picked by closing time. **Late dogs will be charged a late fee or required to stay for boarding.**
- Canine Retreat reserves the right to discontinue service any time should a dog be deemed to not be a good fit for our facility. A dog's behavior and temperament can evolve and we need to constantly ensure the safety and emotional well being of *all* dogs in our care. **If my dog is determined to no longer be a good fit, I agree to promptly pick up my dog(s).**

GENERAL RELEASE

- I understand that even though Canine Retreat requires every dog be vaccinated for **Kennel Cough** with the Bordetella vaccine, the vaccine does not protect my dog from every new strain of the virus. I further understand that being in a group environment highly increases the risk of contracting Kennel Cough, regardless of having the vaccine. **I understand this risk and know that Canine Retreat assumes no responsibility for associated vet expenses.**
- I further understand that my dog may be injured or may cause injury to another dog. I have seen and/or understand the nature of the Canine Retreat facility. This is a cage-free environment where dogs can play rough, accidents/injuries will happen and **If your dog causes injury to another dog, you will be held financially responsible for any expenses related to that injury.**
- I understand that dogs can spread communicable diseases and can get injured during their stay. I agree that **any illness or injury that my dog(s) develop(s) while visiting Canine Retreat** will be treated as deemed best by staff of Canine Retreat and in their sole discretion, and **I assume full financial responsibility for any and all related expenses including veterinary care.**
- I further understand that I am solely responsible for and agree to indemnify Canine Retreat from all liability incurred as a result of any injury and/or harm to a person or another dog caused by my dog(s) while visiting.
- I further understand and agree that Canine Retreat and their staff will not be liable for any problems that develop, except in the case of gross negligence or willful misconduct, and I hereby agree to release them and hold them harmless from any liability of any kind whatsoever arising from my dog(s) visitation and participation.
- I give my consent and full authorization to Canine Retreat (including its agents and employees) to act in my behalf and in my dog(s) best interest, by choosing a veterinarian and obtaining emergency vet care at my expense if deemed necessary. I agree to indemnify and hold Canine Retreat (and its agents and employees) harmless for any and all expense relating to emergency care
- I understand and agree that if my dog(s) is/are not picked up by the end of the regular business day, I hereby expressly authorize Canine Retreat to take whatever action is deemed necessary for the continuing care of my dog(s) and agree to pay all costs upon demand. Further, I understand that if I do not pick up my dog(s) within 14 days my dog(s) becomes the property of Canine Retreat.
- I agree my dog(s) may be videotaped, photographed & recorded for unrestricted use in all media & promotions for Canine Retreat.
- I agree that any and all disputes which arise out of or relate to the subject matter of this agreement and/or in any way relate to my dog(s) and Canine Retreat shall be resolved by binding arbitration conducted by and pursuant to the rules of the American Arbitration Association ("AAA") in Los Angeles, CA. In this regard, I knowingly forego and waive any and all rights to trial by jury, to appeal or otherwise contest such resolution and further waive any right to seek emotional distress, loss of companionship and/or punitive damages. I further agree that the maximum amount of any claim against Canine Retreat and/or its employees and principals which in any way relates to my dog(s) and Canine Retreat shall be the lesser of two thousand dollars (\$2,000) or the cost to purchase a puppy of the same breed, comparable pedigree and sex of the dog(s) which is (are) the subject of such claim.

I certify that the information provided herein is true and correct and that I have read and understand all the above information. I agree to abide by and accept all the above terms, conditions and agreements.

Owner's Signature: _____

Date: _____

Printed Name: _____

Date: _____

Canine Retreat has permission to obtain my pet's medical records (Please initial) _____