

Registration Form:

Tell us about yourself

Name:		
Address:		
Additional Parent Name:		
Cell Phone:	Work Phone:	Secondary Contact:
Email:		(by supplying this, you agree to receive periodic emails from EAP's H
Emergency Contact(s):		
Phone:		
Who else is authorized to pick u	p your dog?	······································
How did you hear about us?		Referred by:



Tell us about your dog

Name:	Breed:	Age:	
Male / Female			
Weight:Col	or:Spayed	d/Neutered: Yes / No	
How long has your dog b	peen in your family?	Where did you ge	t your dog?
Does your dog get along	with other dogs?		
Has your dog ever bitten	another dog or person?		
Does your dog growl or	snap when food or toys are	e taken away?	
Does your dog growl or	snap for any other reason?)	
Is your dog sensitive or uncomfortable being touched and where?			
How does your dog behave at a daycare / boarding facility?			
How does your dog beha	ave in public?		
What commands does your dog know?			
Has your dog ever climbed or jumped a fence?			
Please describe any behavioral problems you might know of:			
Is there anything else we should be aware of?			



Tell us about your dog's health

Veterinarian:	_Phone:
List any allergies:	
Describe any medical conditions or risky behavior leading to m	nedical issues:
Flea Treatment:	
Is there anything else we should be aware of?	

Vaccinations: Please attached a copy of your dog's current vaccinations

Required vaccinations(only every three years as per American, UK and Australian Vet Association): Rabies, Distemper, Parvo



Rules, Regulations & Waiver

INJURIES & ILLNESS: At EAP House Of Hounds, we strive to provide your dog with excellent care and a fun experience during their stay. Although animals are supervised at all times, injuries can still occur while dogs are playing together such as scratches, cuts or sprained joints. Such injuries are rare, but they happen at all doggie daycares. In addition, while infrequent, dogs can get into fights, even under close supervision. Common areas for bites as a result of these fights are the snout, ears, tuft of the neck and paws. We have procedures to screen dogs for aggressive behavior and we do not allow aggressive dogs to play with other dogs. However, even the friendliest of dogs can get into fights with very little or no warning. In addition to injuries, it is possible for dogs to transfer illness such as upper respiratory infections and kennel cough, even with the required vaccinations and boosters. This is just like at a daycare for children where illness such as pink eye and the flu can be transferred from one child to another. Such illnesses do not occur often and all dogs must have the necessary vaccinations to check-in.

AGE & GENDER: Dogs of all ages are allowed at EAP's House Of Hounds as long as they meet the facility's criteria of vaccinations.

ABANDONMENT OF ANIMALS: I understand if I do not pick up my dog by 5 days after the agreed upon pick up date without communication with EAP's House Of Hounds, I the client, hereby relinquish all claims to my animal, but shall not relieve me of my contractual liability of any treatment, boarding or care furnished.

PHOTOGRAPHS & VIDEO: I understand that photographs, video or digital recordings are taken of the facility, pets, customers and staff on a regular basis for, among other things, use in advertising by EAP's House Of Hounds. I acknowledge that all such images, together with prints and copyrights, therein are the property of EAP's House Of Hounds. I give my consent, permission, and authorization, without compensation to me, to use, reproduce, and alter the images, in print and electronic format (including the internet), either alone or in combination with other texts and graphics.

- 1. I agree that EAP's House Of Hounds will not be liable for any claims of injury, illness, damage or death to my dog during its stay and that under no circumstances will EAP's House Of Hounds be liable for consequential damages.
- 2. I certify that I have informed EAP's House Of Hounds of all dog and human aggression. I agree that I am responsible for any harm caused by my dog while in the care of EAP's House Of Hounds. I shall indemnify EAP's House Of Hounds against any claims made against it or for losses or damages suffered by EAP's House Of Hounds as a result of my dog.
- 3. I understand that, in the event my dog appears to be ill or at significant risk of experiencing a medical problem, EAP's House Of Hounds will attempt to contact me for instructions prior to seeking veterinary care. If I cannot be reached, I agree that EAP's House Of Hounds may use its reasonable discretion in seeking veterinary care on my behalf and I will be responsible for all related expenses unless EAP's House Of Hounds is responsible. I understand that EAP's House Of Hounds will attempt to use my preferred veterinarian, but if my preferred veterinarian is unavailable or other circumstances mandate, I authorize EAP's House Of Hounds to use the veterinarians of its choice. I agree that EAP's House Of Hounds will not be liable for the actions and decisions of the veterinarian.

full gro	thorize my veterinarian to share the med responsibility for payment of all veterinary oming, medical supplies, transportation an anburse EAP's House Of Hounds if direct	y services rendered, incl and boarding. I agree to r	uding, but not limited to, di nake such payments direc	agnosis, treatment, necessary
This agr	reement and waiver is valid from the date all authorization each time EAP's House (below and grants permi	ssion for future veterinary	care without the need for
Signatu	re:	Print Name:		Date:

Office Use Only

Assessment int	erview completed:	 	
Notes for daycare:			

	Monday	Tuesday	Wednesday	Thursday	Friday
Daycare Days					
Add - on's					
Notes					