



Owner Information

Name :	Home #
Address :	Cell #
City :	Work #
State/Zip :	Email :

Emergency Contacts :	Authorized To Pick Up My Dog :
-	-
-	-

Dog Information

Name :	M / F	Spayed/Neutered :
Breed :		Birth Date :
Color :		Flea/Tick Treatment :

Vet Information

Name :	Phone #
Address :	
City/State/Zip :	

Health Information

- 1) Does your dog have any allergies?
- 2) Describe any medical issues we need to be aware of (seizures, heart problems..)
- 3) Describe any physical limitations we need to be aware of (e.g., blindness, deafness, hip problems)
- 4) Rate your dog's level of exercise/activity (playing, running) on a daily basis.
 low 1 2 3 4 5 6 7 8 9 10 high

AGREEMENT

This agreement is entered into this ____ day of _____, 20____, by and between the above listed owner(s), hereinafter referred to as "Owner" whether one or more, and The Dog House of Barrington, LLC, hereinafter referred to as "The Dog House".

By signing this agreement, you, the Owner, have paid an enrollment fee for your dog(s) to use our center for daycare. Owner agrees that the fee is non-refundable and is not transferable to another dog owner or dog.

Owner acknowledges that at the date this agreement is signed, the fees, hours and requirements for use of Doghouse services are outlined below and on any attachments hereto. Owner understands that The Dog House management reserves the right to alter or amend the fees, hours and requirements at any time.

1. Use of Doghouse services are to be provided only to the dogs listed above. New dogs may be added to this contract and utilize daycare services on passing their enrollment/temperament test.
2. All dogs must have a complete, up-to-date and approved application form on file.
3. Owner(s) further agree(s):
 - a. That the Owner(s) is/are solely responsible for any harm caused by my dog (s) while my dog(s) is/are attending to being transported to, or from, The Dog House dog center.
 - b. That in admitting my dog(s) to the center, The Dog House has relied on my representation that my dog(s) is/are in good health, do(es) not currently have and has not had within the last ten (10) days any communicable diseases, and has/have not harmed or shown aggressive or threatening behavior towards any person or any other dog.
 - c. That any problem that develops with my dog(s) will be treated as deemed best by owners, employees and agents of The Dog House in their sole discretion, and that I assume full financial responsibility for any and all expenses involved.
 - d. To provide proof of required vaccinations for each dog utilizing center annually.
 - e. To provide proof of spay or neuter for each dog over 6 months of age for daycare and group sleepover use.

RELEASE AND WAIVER OF LIABILITY AND ASSUMPTION OF RISK

The Dog House has created a dog center for dogs and their owners to enjoy. I understand that the use of the dog center means that I am taking certain risks of damage or injury to myself, my guest(s), my property, my dog(s) and to others in the center. I realize that when dogs are around people and other dogs, some accident or injury may result, and that people, dogs and property might be injured or damaged.

In exchange for the opportunity to use this dog center, according to the Policies, I hereby release and discharge The Dog House and its owners, members, employees, successors, assigns and all affiliated parties from any and all liability, claims, demands, causes of action, loss, damage or injury to person or property, including any death and serious injury which may result while I, my guest(s) or my dog(s) are on the premises of The Dog House, attending an event sponsored by The Dog House, or being transported by The Dog House.

I also agree to be responsible for myself, my guest(s) and my dog(s) and for any liability caused by me, my guest(s) and my dog(s), and that I will hold harmless and indemnify The Dog House and its owners, members, employees, successors, assigns and all affiliated parties from any and all liability, claims, demands, causes of action, loss, damage or injury to person or property, including any death and serious injury which may be caused by myself, my guest(s) or my dog(s) while they are on the premises of The Dog House, attending an event sponsored by The Dog House, or being transported by The Dog House.

I have read, understand, and agree to abide and be bound by the terms and conditions of this Agreement (including the Release and Waiver) in its entirety. I understand that The Dog House management reserves the right to alter or amend the dog center rules at any time without prior notice.

Owner	
Signature:	
Printed Name:	
Date Signed:	

The Dog House of Barrington, LLC Veterinary Care Release

I understand that my dog or dogs may become ill or injured while in the care and possession of the Dog House of Barrington, LLC (hereafter known as DHOB). Furthermore, I will not hold DHOB responsible for either illness or injury to my dog while in their care and possession; or as a consequence of their care and possession. In the event that my dog becomes ill or is injured while in the care and possession of DHOB, I understand that any & all Veterinary costs are my sole responsibility.

I request DHOB to follow the procedures that I have selected as outlined below:

Please initial the appropriate procedure; please remember to fill in your Veterinarian's information completely.

_____ If my dog(s) becomes ill or injured, please take my dog(s) to my Veterinarian as first choice and if my Veterinarian is not open or available to treat my dog(s); please take my dog(s) to the nearest emergency clinic.

_____ If my dog(s) becomes ill or injured, please take my dog to the Designated DHOB Veterinary Clinic to treat my dog(s).

_____ If my dog(s) incurs a minor injury (slight cuts or abrasions), I authorize DHOB to treat my dog by cleaning the affected area and applying an antiseptic.

I have read all of the information above and selected the procedure or procedures to be followed by DHOB in the event that my dog(s) becomes ill or injured. I understand that by signing below I authorize DHOB & HPA to follow these procedures and release DHOB of any & all liability as to said illness or injury; and that I am responsible for any and all Veterinary costs incurred.

Signature

Date