



FOUR PAWS

## FOUR PAWS REGISTRATION FORM

Date: \_\_\_\_\_

Services Interested In: (Please check all that apply.)  Daycare  Boarding  Grooming  Training

### PET-PARENT INFORMATION

Pet-Parent #1 \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Pet-Parent #2

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Number of dogs enrolling at Four Paws: \_\_\_\_\_ [If more than one dog, complete an additional dog registration form for each dog.](#)

How did you hear about Four Paws?

\_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

### ABOUT YOUR DOG

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

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

[\\*All dogs over the age of 7 months old must be spayed or neutered](#)

Where did you get your dog from?  Breeder  Rescue/Shelter  Found  Re-Homed

How long have you had your dog? \_\_\_\_\_

Any known history:

\_\_\_\_\_

Has your dog been in an open play daycare/boarding before?  Yes  No

If your dog has been to daycare or boarding before, what did you like most and least about the experience?

Liked Most: \_\_\_\_\_

Liked Least: \_\_\_\_\_

## DOG'S HEALTH HISTORY

Veterinarian: \_\_\_\_\_ Phone: \_\_\_\_\_

Microchip #: \_\_\_\_\_ Microchip Company: \_\_\_\_\_

Does your dog have any medical conditions?

---

Does your dog have any food allergies?

---

\*Required Vaccines include: Rabies, Distemper, Bordetella, Canine Influenza, Flea/Tick Prevention, Heartworm Prevention, and Fecal test in the last 6 months

## DOG BEHAVIOR

Describe your dog's personality:

---

---

Does your dog get along with other dogs?  Yes  No  Sometimes

Does your dog interact well with small dogs, including toy breeds?  Yes  No  Sometimes

Are there any instances where your dog does not get along with other dogs? Please explain:

---

Describe your dog(s) temperament including any behavioral issues:

---

Does your dog have any sensitive areas on his/her body? If yes, where?

---

Does your dog have a history of biting, growling or snapping at any person or dog?

---

Does your dog guard food, toys, water and/or people?

---

Does your dog have a circumstance or situation that he/she is frightened of?

---

Is there anything else that you believe we should know about your dog(s)?

---

## DOG TRAINING

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

- Crate Trained  Escaped a crate/door  Climbed/Jumped fences  Eaten stool  Go to Dog Parks  
 Bit a person  Bit a dog  Dismissed from another Daycare or Boarding

If any were checked, please explain: \_\_\_\_\_

List of verbal commands used at home (i.e. sit, down, stay, place, go-potty etc.):

---

## FOUR PAWS ADDITIONAL DOG REGISTRATION FORM

Form should be completed for each dog and accompany the original Four Paws Registration Form

Services Interested In: (Please check all that apply.)  Daycare  Boarding  Grooming  Training

## ABOUT YOUR DOG

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

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

**\*All dogs over the age of 7 months old must be spayed or neutered**

Where did you get your dog from?  Breeder  Rescue/Shelter  Found  Re-Homed

How long have you had your dog? \_\_\_\_\_

Any known history:

---

Has your dog been in an open play daycare/boarding before?  Yes  No

## DOG'S HEALTH HISTORY

Veterinarian: \_\_\_\_\_ Phone: \_\_\_\_\_

Microchip #: \_\_\_\_\_ Microchip Company: \_\_\_\_\_

Does your dog have any medical conditions?

---

Does your dog have any food allergies?

---

**\*Required Vaccines include: Rabies, Distemper, Bordetella, Canine Influenza, Flea/Tick Prevention, Heartworm Prevention, and Fecal test in the last 6 months**

## DOG BEHAVIOR

Describe your dog's personality:

---

---

Does your dog get along with other dogs?  Yes  No  Sometimes

Does your dog interact well with small dogs, including toy breeds?  Yes  No  Sometimes

Are there any instances where your dog does not get along with other dogs? Please explain:

---

Describe your dog(s) temperament including any behavioral issues:

---

Does your dog have any sensitive areas on his/her body? If yes, where?

---

Does your dog have a history of biting, growling or snapping at any person or dog?

---

Does your dog guard food, toys, water and/or people?

---

Does your dog have a circumstance or situation that he/she is frightened of?

---

Is there anything else that you believe we should know about your dog(s)?

---

## DOG TRAINING

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

Crate Trained  Escaped a crate/door  Climbed/Jumped fences  Eaten stool  Go to Dog Parks

Bit a person  Bit a dog  Dismissed from another Daycare or Boarding

If any were checked, please explain: \_\_\_\_\_

List of verbal commands used at home (i.e. sit, down, stay, place, go-potty etc.):

---

## FOUR PAWS RELEASE AND WAIVER

At 4Paws K9 Training, LLC and its affiliates (aka Four Paws) ("Four Paws"), we strive to provide a safe, social and stimulating environment for your dog during its stay. While dogs are playing together, they run the risk of certain injuries such as scratches, cuts and sprained joints. Such injuries are rare, but do happen at all doggy daycares. At Four Paws, we have procedures to screen all dogs for behavior that are unfit for daycare or boarding. While we love all dogs, for their safety, we do not intake dogs that exhibit aggressive or overly anxious behaviors. However, even the friendliest of dogs can get into fights with other friendly dogs with very little or no warning. In addition to injuries, it is possible for dogs to transfer illnesses such as diarrhea or canine cough, even with all required vaccinations and boosters. We take the health of your dog's seriously, and all dogs must have the necessary vaccinations prior to check-in. I have read and understand the following:

1. I understand that there are inherent and potential risks involved with interactions between humans and dogs, as well as between dogs and other dogs. I fully accept and assume all such risks. Except to the extent caused by Four Paws' gross negligence or intentional misconduct, I acknowledge that Four Paws will not be liable for any claims of injury, illness, damage or death to my dog during its stay. Under no circumstances will Four Paws be liable for consequential damages.
2. I certify that all information disclosed in the registration form is complete and accurate. I have informed and shall continue to inform Four Paws on an ongoing basis any and all medical and behavioral condition. I agree to hold harmless and indemnify Four Paws from and against all claims, damages, losses and expenses incurred by Four Paws arising out of or resulting from the actions of my dog during its stay at Four Paws.
3. If Four Paws determines in its sole discretion that my dog is unhealthy, undisciplined, aggressive, or exhibit behavior that may otherwise be considered dangerous to itself or others, Four Paws has the right to refuse or rescind services and may kennel my dog for the duration of its stay. Four Paws may refuse or rescind services if it determines that a customer behaves rudely or is otherwise disruptive to its operations.
4. I will not hold Four Paws liable or responsible for any loss or damage to any of my personal belongings that I may leave with my dog whether in day care, overnight boarding, or during a bath visit.
5. I agree that all photos and video footage taken of my dog while in the care of Four Paws may be used in advertising and marketing campaigns, website images and other uses for promoting the services of Four Paws.
6. I agree that, in the event my dog appears to be ill, injured or at significant risk of experiencing a medical problem, Four Paws, in its sole discretion, may seek veterinary care of its choosing on my behalf and that I will be responsible for all expenses. I agree that Four Paws will not be liable for the actions and decisions of the veterinarian. I agree to reimburse Four Paws if direct payment to the veterinarian cannot be made. I also agree to be responsible for any reasonable fees assessed by Four Paws for emergency care and transportation. I hereby give Four Paws full access to my dog's health record from my veterinarian.

agree not to harm Four Paws' reputation in connection with any of the actions described above and will indemnify Four Paws against such damages caused by me. 8. I agree to pay for all fees, services and products with the credit card number below, or by cash at the time I pick up my dog. I authorize Four Paws to maintain my current credit card information on file to charge for any unpaid fees, services or products.

Authorization and Acceptance: I certify that I am the owner or the agent of the owner of the aforementioned dog and have the authority to board, groom and daycare the dog and sign this form. I have carefully read and fully understand the terms of this agreement. I have signed it voluntarily and intend it to be a complete and unconditional release of all liability to the greatest extent permitted by law.

I have read and understood all terms of this agreement.

Pet Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_