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| --- | --- |
| **Owner Information** | **Dog Information** |
| Owner Name: | Dog’s Name: |
| Telephone Number: | Dog’s Age: |
| Email Address: | Dog’s Breed: |
| Address: | Dog Food Brand & Amount Fed: |
| City, State and Zip Code: | Veterinarian Name: |
| Emergency Contact:  | Veterinarian Telephone Number: |

|  |  |  |
| --- | --- | --- |
| **Please answer the following questions.** |  |  |
| Is your dog male/female?  | Male | Female |
| Is your dog spayed or neutered?  | YES | NO |
| Is your dog in good health? | YES | NO |
| Is your dog on flea/ tick preventative?  | YES | NO |
| Is your dog current on required vaccines?  | YES | NO |

Is there anything we should know about your dog (allergies, medication, dog aggression, people aggression, resource guarding, etc...)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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How did you hear about Sublime Canine?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TRAINING CAMP ONLY -Other than Basic Obedience, is there anything specific you would like to work on with your dog?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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TRAINING CAMP ONLY -List any item(s) you are leaving with your dog (leash, collar, blanket, crate, toys, ect \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, certify that I am the owner of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

and understand and agree to cooperate fully in completing training requirements recommended by Sublime Canine and that I am authorized to board the pet and be legally bound by the terms of this form.

I acknowledge that pets are encouraged to socialize and exercise at Sublime Canine and that through roughhousing, playing and other activities, injuries to pets, owners or their guests may occur within our facility. I agree for myself, my pet(s) and my guests and invitees to assume the risks and hazards that may be expected to arise from such activities, uses and interaction with other animals. I agree that Sublime Canine and/or JJ Belcher, and/or associates shall not be held responsible for injuries or illness to myself, my pet(s), my guests or invitees other patrons and/or pets who may be injured by my pet or by my acts or omissions or by the acts or omissions of my guests and invitees and I agree to indemnify and hold harmless Sublime Canine and/or JJ Belcher, and/or associates for any and all costs, damages, claims or expenses that may result there from. I further acknowledge that Sublime Canine and/or JJ Belcher, and/or associates shall not be held responsible for any illness or ailment that may affect my pet during its visit or stay at Sublime Canine and will indemnify and hold Sublime Canine and/or JJ Belcher, and/or associates harmless for any costs, expenses or damages resulting from any such illness or condition. With respect to myself, my pet and my guests and invitees, I shall indemnify and hold Sublime Canine and/or JJ Belcher, and/or associates harmless for any costs, damages or expenses that we may incur from our use of the Sublime Canine facility. I further agree for myself, my pets and my guests and invitees that I shall be solely responsible and shall not seek indemnity from Sublime Canine or any of its associates for costs, damages, claims or expenses that we may incur as a result of injury, sickness or other harm to my pet(s) while under the care of Sublime Canine and/or JJ Belcher, and/or associates. I certify that I have reviewed my pet’s vaccination records and hereby affirm that the information reflected therein is true and accurate to the best of my knowledge. I further affirm that I have informed Sublime Canine and/or JJ Belcher, and/or associates of any known injuries, illnesses or ailments from which my pet(s) may currently suffer and believe my pet to be in sufficient health to safely utilize the Sublime Canine services. I authorize Sublime Canine and/or JJ Belcher, and/or associates to contact my veterinarian in order to confirm the health, temperament and vaccination history of my pet(s). If, in my absence, my pet should become injured, ill, suffer an ailment or is otherwise deemed in the sole discretion of Sublime Canine and/or JJ Belcher, and/or associates to require immediate veterinary attention, Sublime Canine and/or JJ Belcher, and/or associates is hereby authorized to consult with my veterinarian. If my veterinarian is unavailable or located at too great of a distance, Sublime Canine and/or JJ Belcher, and/or associates is authorized to utilize the services of another licensed veterinarian to provide care for my pet(s). I understand that I shall be responsible for any and all charges incurred with respect to such veterinary care. Further, should I be required to take my pet to a veterinarian after a stay or visit at Sublime Canine, I shall be solely responsible for any and all veterinary or other related or unrelated charges, costs or expenses and shall not seek indemnity or reimbursement from Sublime Canine and/or JJ Belcher, and/or associates.

I agree that the names and likenesses of me, my pet(s) my guests and invitees may appear in Sublime Canine promotional materials, including but not limited to advertising, printed materials, promotional video media, news programs or other press related materials, magazines, or on television, radio, the internet and/or the Sublime Canine website from time to time.

By signing below, I acknowledge that I have read and fully understand the terms of this Authorization, Acknowledgment & Waiver and accept each term and condition contained herein.

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

**ADMINISTRATIVE USE ONLY**

**CLASS TAKEN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

COST\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PAID\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BALANCE DUE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TRAINING CAMP TAKEN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

COST\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PAID\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BALANCE DUE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BOARDING @ $35/NIGHT**

DATES STAYED\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COST\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PAID\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_