

# Help us spoil your best friend!



Taking time to fill in this information will help us make your best friends stay enjoyable!

Please note that all canines must be dog to dog friendly and play well with others. Also, during the day dogs are kenneled together during playtime. Housemates may stay together in the same run, but please understand that you do so at your own risk and take full responsibility of any accidents.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Email \_\_\_\_\_

12640 Hwy 57 North  
Evansville, IN 47725  
812.867.9663  
Fax 812.867.6637  
www.redwooflodge.com

## Emergency Contact

Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
List any person authorized to pick-up your pet if you cannot: \_\_\_\_\_

## Your Best Friend(s) Information

Name: \_\_\_\_\_ Breed/Color: \_\_\_\_\_ Sex: \_\_\_\_\_  
Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Spay/Neutered \_\_\_\_\_  
Name: \_\_\_\_\_ Breed/Color: \_\_\_\_\_ Sex: \_\_\_\_\_  
Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Spay/Neutered \_\_\_\_\_  
Name: \_\_\_\_\_ Breed/Color: \_\_\_\_\_ Sex: \_\_\_\_\_  
Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Spay/Neutered \_\_\_\_\_

## Veterinarian

Name/Clinic: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: \_\_\_\_\_ In case of emergency after hours does your vet participate in All Emergency Pet Clinic? \_\_\_\_\_

## Helpful Information

Are you interested in Day Care or Training for your best friend? \_\_\_\_\_  
Days preferred \_\_\_\_\_

It is our intent to make certain your best friend has a great time while staying with us, playing, romping, running and such, Fido may get dusty-- we offer HydroSurge baths and full grooming for an additional fee, would you be interested in such services before pickup? \_\_\_\_\_

## Health/Grooming

We require a copy of your best friend's vaccination(s) record prior to boarding, vaccinations need to be administered ten days before stay.

Is your pet currently on heartworm prevention? \_\_\_\_\_ What brand? \_\_\_\_\_  
What flea/tick product is given to your pet? \_\_\_\_\_  
Is your pet on any medications? \_\_\_\_\_ If so please list \_\_\_\_\_  
What type of pet food do you feed your pet? \_\_\_\_\_ How often? \_\_\_\_\_  
Is it okay to give your pet treats during the day? \_\_\_\_\_  
Does your pet have any joint, breathing or other health problems? Yes \_\_\_\_\_ No \_\_\_\_\_

## Senses/Behavior

Does your pet act afraid of any specific items or noises? If so, please explain: \_\_\_\_\_  
Fears? \_\_\_\_\_ Dislikes? \_\_\_\_\_

Has your pet ever: Bitten someone or another animal and what were the circumstances?  
\_\_\_\_\_

Does your pet have any problems in any of the following areas: (if so, please explain)

Housetraining: \_\_\_\_\_

Barking: \_\_\_\_\_ What stimulates the barking? \_\_\_\_\_

Jumping \_\_\_\_\_ Climbing Fences \_\_\_\_\_ Bolting/Break-away \_\_\_\_\_

Other behavior issues: \_\_\_\_\_

Does your pet snap or growl when his/her food is handled or toys, or treats removed from mouth? \_\_\_\_\_

Other comments about your pet that you feel might be helpful: \_\_\_\_\_

**Health and Temperament Certification**

I, \_\_\_\_\_, hereby certify that my pet \_\_\_\_\_ is in good health and has not been ill with any communicable condition in the last 30 days. I further certify that my pet has not harmed or shown aggressive or threatening behavior towards any person or any other pet.

**Terms and Conditions Agreement**

1. I understand that I am solely responsible for any harm caused by my pet while my pet is attending daycare at Red Woof Lodge or using any other services provided by Red Woof Lodge.
2. I further understand and agree in admitting my pet that Red Woof Lodge has relied on my representation that my pet is in good health and has not harmed or shown aggression or threatening behavior toward any person or any other pet.
3. I further understand and agree that Red Woof Lodge and their staff and volunteers will not be liable for any problems that develop while my pet is in their care. I hereby release Red Woof Lodge, their staff, and volunteers of any liability of any kind whatsoever arising from my pets' attendance and participation at Red Woof Lodge.
4. I further understand and agree that any problem that develops with my pet will be treated as deemed best by the staff at Red Woof Lodge, in their sole discretion, and that I will assume full financial responsibility for any and all expenses involved. I authorize Red Woof Lodge to obtain medical records and/or treatments for my pet in the event of injury or illness from my veterinarian or from the closest veterinary clinic. By signing this document I further direct said veterinarian to provide such records upon request.
5. I further understand that if I fail to provide proof of current vaccinations or if my pets' vaccinations are found to be expired or otherwise incomplete, Red Woof Lodge has the right to refuse service until current proof is provided. If my pet arrives at the facility with fleas and/or other parasites, a matted coat or in an unclean condition, Red Woof Lodge has the right to bathe/trim and/or quarantine my pet until picked up by myself or my agent, and I take full responsibility for any expenses incurred for such reasons.
6. I further understand that my pet may experience minor cuts, scratches, and abrasions due to the nature of pet play. I realize that pads on paws may initially become sensitive, or bothered until my pet becomes used to running on different surfaces.
7. I further understand that Red Woof Lodge is a place where animals co-mingle in groups and I am responsible for the medical treatment of any injuries that my pet receive/causes while at Red Woof Lodge.
8. \_\_\_\_\_ I have requested that my pet(s) share the same kennel & accept full responsibility if any incident or accident occurs.  
 \_\_\_\_\_ My dog(s) should be separated from one another and/or from other dogs.  
 \_\_\_\_\_ My dog(s) should not be interacting or playing with other dogs.  
 I hereby release Red Woof Lodge, their staff, & volunteers of any liability, & costs of any kind.
9. I allow my pet to be photographed, videotaped, and/or used in any media or advertising without prior approval by me. All such photographs, etc. are the property of Red Woof Lodge. I certify that I have read and understand the terms and conditions set forth on this page, the application, and health forms. I agree to abide by the terms and conditions and accept all terms, conditions, and statements of this agreement.

A. I give my consent that if my pet's coat is matted, or beyond the ability to comb through prior to bathing that the mats may be shaved. I realize that if the coat is extremely matted that this may require the entire coat of the pet to be removed and could result in a very close haircut \_\_\_\_\_

B. If the staff cannot maneuver a comb through my pet's hair and I do not want the mats shaved or cut through, I agree to pick up my pet acknowledging that it will not be finished and may not have been bathed. I agree to pay for the time that was required to attempt to groom my pet \_\_\_\_\_.

Name of owner and pet (please print): \_\_\_\_\_

Signature of owner: \_\_\_\_\_

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

Staff Member \_\_\_\_\_

Date \_\_\_\_\_