



3215 OLD CHAPEL HILL RD, DURHAM NC 27707

919-757-6085

CLIENT'S PROFILE

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____

City/State/Zip: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ OTHER PHONE: _____

E-MAIL ADDRESS: _____

EMERGENCY CONTACT INFORMATION: (FAMILY OR FRIENDS):

NAME: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ OTHER PHONE: _____

PLEASE LIST ANY OTHERS WHO HAVE PERMISSION TO PICK UP YOUR DOG(S):

_____, _____
_____, _____

DOG'S PROFILE:

DOG'S NAME: _____

BREED: _____ COLOR: _____ BIRTHDAY: _____ AGE: _____

WEIGHT _____ MALE: _____ Neutered? _____ FEMALE: _____ Spayed? _____

TYPE OF FOOD: _____ HOW MUCH PER FEEDING: _____

FED HOW MANY TIMES PER DAY? _____

TREATS: _____

DESCRIBE YOUR DOG'S TEMPERAMENT: _____

DESCRIBE ANY BEHAVIOR PROBLEMS: _____

DOES YOUR DOG HAVE ANY HISTORY OF BITING? ___ NO ___ YES, Please explain: _____

HAS YOUR DOG EVER GROWLED OR SNAPPED AT ANYONE WHO HAS TOUCHED HIS/HER FOOD OR TOYS? _____

PLEASE DESCRIBE ANY TRICKS OR COMMANDS YOUR DOG CAN PERFORM: _____

IS YOUR DOG CRATE TRAINED? ___ NO ___ YES ___ USED TO BE CRATED

WHAT TYPE OF EXERCISE DOES YOUR DOG USUALLY GET? _____

HOW OFTEN? _____

HAS YOUR DOG BEEN IN DAYCARE PRIOR TO ENROLLING HERE? ___ NO ___ YES, IF YES, WHERE? _____

OTHER INFORMATION: _____

It is my opinion that my dog is of adequate health to participate in services provided by THE PET WAGON.

Signature _____ Date _____

Print Name _____

YOUR LAST NAME _____ DOG'S NAME _____

YOUR VETERINARIAN'S NAME: _____

ADDRESS: _____

City/State/Zip: _____

PHONE: _____ FAX: _____

E-MAIL ADDRESS: _____

Bring in a copy of your recent vaccination records or have your veterinarian fax them to THE PET WAGON HOTEL. Dates of last vaccines:

DHLPP _____ PARVO _____ BORDATELLA _____ RABIES _____ 1 yr. 3 yr.

Microchip Information and Number (if none, leave blank) _____

Flea preventative _____ Last date used: _____ Date of last Physical Examination _____

Medical Problems or Physical Restrictions: _____

Currently on any medication? ___ N ___ Y: List medications: _____

Known allergies (including medication and flea control products): _____

Additional Comments: _____

First and foremost, the safety and wellbeing of your dog(s) is of the highest importance. Insuring that your dog(s) remains safe and well cared for is our first responsibility and as such we take it very seriously. We do our best to have our guests screened for pre-existing health conditions but some factors may be beyond our control. In the event that a medical emergency arises while a dog is at THE PET WAGON HOTEL or participating in a service that we provide, it is imperative that we are immediately able to get them medical treatment at the closest veterinarian. Your dog will be rushed to the closest available facility for treatment and you will be notified. This form will expedite the process of your dog receiving medical treatment. You will be contacted again after your dog receives medical attention.

I understand that in the event of a medical emergency, which THE PET WAGON HOTEL at its sole discretion deems to need the immediate attention of a licensed veterinarian. I authorize THE PET WAGON HOTEL to seek medical attention at the closest available veterinary facility.

I give permission to the attending veterinarian to diagnose and treat my dog(s).

I further agree that I am financially responsible for any medical treatment my dog(s) receives as a result of a medical emergency.

Signature of Owner _____ Date _____

Printed Name _____

Contact Numbers _____, _____, _____

This is a contract between PECUS LLC- DBA THE PET WAGON HOTEL and dog owner(s) for any service provided here.

Your Name _____ Dog's Name _____

1. THE PET WAGON HOTEL has relied upon my representation that my dog is in good health and has not been exposed to rabies or distemper within a thirty day period prior to any stay.
2. My dog has not injured or shown aggression or threatening behavior to any person or dog.
3. I understand that THE PET WAGON HOTEL, their owners, staff, partners and volunteers will not be liable, financially or otherwise for injuries to my dog, myself, or any property of mine while my dog is participating in services provided by THE PET WAGON HOTEL. I hereby release THE PET WAGON HOTEL of any liability of any kind arising from my dog(s) participation in any and all service provided by THE PET WAGON HOTEL **unless arising from negligence on the part of The Pet Wagon Hotel proven in an Durham County NC court of law.**
4. I understand and agree that any problems with my dog, behavioral, medical or otherwise will be treated as deemed best by the staff of THE PET WAGON HOTEL in their sole discretion and in what they view as the best interest of the dog. I understand that I assume full financial responsibility and all liability for any and all expenses involved in regards to the behavior and health of my dog.
5. I understand that there are risks and benefits associated with group socialization of dogs. I agree that the benefits outweigh the risks and that I accept the risk. I desire a socialized environment for my dog while attending services provided by THE PET WAGON HOTEL and while in their care, I understand that while the socialization and play is closely and carefully monitored by THE PET WAGON HOTEL staff to prevent injury, it is still possible that during the course of normal play, my dog(s) may receive minor nicks and scratches from roughhousing with other dogs.
6. I understand by allowing my dog(s) to participate in services offered by THE PET WAGON HOTEL, I hereby agree to allow THE PET WAGON HOTEL to take photographs or use images of my dog(s) in print form or otherwise for publication and/or promotion.
7. I understand that I am solely responsible, financially and otherwise, for any harm or damage caused by my dog(s) while they are attending any services provided by THE PET WAGON HOTEL.
8. I understand that if my dog is not picked up on time or by a date specified in a separate agreement, I hereby authorize THE PET WAGON HOTEL to take whatever action is deemed necessary for the continuing care of my dog. I will pay THE PET WAGON HOTEL the cost of any such continuing care. I understand that if I do not pick up my dog, THE PET WAGON HOTEL will proceed according to the guidelines provided by North Carolina Abandonment of animals by owner; procedure for handling. I also acknowledge that I will be fully responsible for all attorney fees and associated costs if I abandon my dog.
9. I agree, if my dog shows any signs of fleas or ticks during their stay, that THE PET WAGON HOTEL may bathe or treat my dog and I will be charged accordingly.
10. I agree to pay THE PET WAGON HOTEL all charges for any service requests or necessary procedures for my dog before he/she may leave the premises.

Signature of owner _____ Date _____

Print name: _____

GROUP PLAY /COMMINGLING OF DOGS

I _____, allow my dog/s to participate in group play. I understand that there are risks and benefits associated with group socialization of dogs. I agree that the benefits outweigh the risks and that I accept the risk. I desire a socialized environment for my dog while attending services provided by PECUSLLC DBA THE PET WAGON HOTEL and while in their care, I understand that while the socialization and play is closely and carefully monitored by THE PET WAGON HOTEL staff to prevent injury, it is still possible that during the course of normal play that my dog get injured. I understand that if at any time I do not wish my dog to participate in group play I must notify THE PET WAGON HOTEL in writing.

Name dog/s allowed for group play:

If you wish your dog NOT to participate in group play, your dog/s will be let out individually:

Name of dogs NOT allowed in group play:

Would you allow any of the dogs listed above (same family dogs only) to participate in activities together?

YES _____ NO _____

Signature of owner _____ Date _____

Print name: _____