



CANINE RECREATION CENTER

Client Registration Form

Owner Information

Please Print

Date: _____ Owner's name: _____

Address/City/State/Zip: _____

Email: _____ Home phone: _____

Cell phone: _____ Work phone: _____

Employer/Occupation: _____ How did you hear about us? _____

Pet Information

Dog's name: _____ Date of birth (with year): _____ Sex: _____

Breed: _____ Spayed/Neutered: _____

Color/markings: _____ Weight: _____

Pet Health

Veterinarian/Clinic: _____ Phone: _____

Address: _____

Allergies? (Food, medication, environmental, etc.):

Please list any medical conditions:

Dietary limitations (ex. no treats, grain free, etc.):

Long term medications your dog is currently taking:

What kind of flea prevention is your dog using?

Brand: _____ 6 months ___ or 12 months ___?

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Training & Behavior History

How long have you owned your dog? _____ Where did you get your dog? _____

Has your dog ever been through any type of training? _____

Has your dog ever gone swimming? _____ If yes, describe. (Pool, creek, etc.) _____

Please check all that apply:

- ___ Been to a dog daycare before
- ___ Separation anxiety
- ___ Climbs fences.
- ___ Runs away off leash.
- ___ Aggressive with food bowl/toys when trying to remove it
- ___ Aggressive with other dogs/animals
- ___ Sensitive body parts (Paws, mouth, ears, etc.) If yes, please list. _____
- ___ Fears (Large dogs, men, thunder etc.) If yes, please list _____
- ___ Bitten a person or other dog. If yes, please describe incident. _____

___ Has been attacked by another dog. If yes, explain. _____

___ Has been abused. If yes, explain. _____

___ Aggressive with a person or has growled at a person. If yes, please explain _____

___ Socializes with other dogs. If yes, how often? _____

Emergency contacts/Alternate pickup *(required):

*This is normally NOT a spouse/partner since he/she is often unavailable when you are.
We will ask for identification of your emergency contact if he/she needs to pick up your dog.*

Name: _____ Relationship: _____

Phone 1: _____

Name: _____ Relationship: _____

Phone 1: _____

I affirm that the above information is correct to the best of my knowledge, and understand that intentional falsification of the above information could jeopardize the safety of my dog and others.

Printed Name: _____

Signature: _____

Date: _____

Fetch n' Catch Representative: _____



CANINE RECREATION CENTER

Pet Care Agreement

Name: _____

Dog's Name: _____ Age: _____

Breed: _____

1. I understand that Fetch n' Catch Canine Recreation Center has relied upon my presentation that my dog is in good health, and has not injured or shown any aggression or threatening behavior to any person or dog in admitting my dog for services to their facility. I understand that it is my responsibility to provide proof of vaccination history for each animal attending Fetch n' Catch Canine Recreation Center. To ensure the protection of all animals under our care the following vaccinations must be up to date 5 days prior to attendance. **Rabies, DHPP, Bordetella—6 month vaccination.** I understand that even if my pet is vaccinated against Kennel Cough (Bordetella), there is a chance that the dog can still contract Kennel Cough. I agree that I will not hold Fetch n' Catch Canine Recreation Center responsible if my pet contracts Kennel Cough.
2. I understand that Fetch n' Catch Canine Recreation Center, it's owners, staff, partners, volunteers, will not be held liable, financially or otherwise, for injuries to my dog, myself, or any property of mine while my dog is participating in services provided by Fetch n' Catch Canine Recreation Center. I hereby release Fetch n' Catch Canine Recreation Center of any liability of any kind arising from my dogs participation in any and all services provided by Fetch n' Catch Canine Recreation Center.
3. I understand that Fetch n' Catch is a group play facility. I recognize that there are inherent risks of illness and injury when animals are allowed to be in close contact with one another. Such risks include, but are not limited to, scrapes, scratches, and punctures. I further understand that any injuries to my dog(s) will be treated as deemed best by Fetch n' Catch staff at their sole discretion, and I assume full financial responsibility if I or Fetch n' Catch staff decides to seek medical treatment.
4. I further understand and agree that any problems with my dog, behavioral, medical or otherwise will be treated as deemed best by staff at Fetch n' Catch Canine Recreation Center in their sole discretion and in what they view as in the best interest of the animal. 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 by allowing my dog to participate in services offered by Fetch n' Catch Canine Recreation Center I hereby agree to allow Fetch n' Catch Canine Recreation Center to take photographs or use images of my pet in print and digital form or otherwise for publication and or promotion.
6. I understand that if my dog is not picked up on time or by a date specified in a separate agreement, I hereby authorize Fetch n' Catch Canine Recreation Center to take whatever action is deemed necessary for the continuing care of my dog. I will pay Fetch n' Catch Canine Recreation Center the cost of any such continuing care upon demand by Fetch n' Catch Canine Recreation Center. I understand that if I do not pick up my animal Fetch n' Catch Canine Recreation Center will proceed according to the guidelines provided by New York State Law regarding abandonment of animals by owner. I also acknowledge that I will be fully responsible for all attorneys' fees and associated costs if I abandon my dog.
7. I understand that there are situations when I will need to remain in full control of my pet. I agree to remain attentive and in control of my pet in the lobby, during pool visits, training classes, space rentals, and any other event requiring my direct supervision at Fetch n' Catch Canine Recreation Center.

By signing below, I certify that I have read and understand the policies of Fetch n' Catch. I acknowledge and accept that all above policies refer to any service offered by Fetch n' Catch, and this release serves as accepting these conditions.

Signature of Owner _____ Date _____

Printed Name _____

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Medical Release Form



CANINE RECREATION CENTER

The safety and well-being of your pet is of highest importance. Ensuring that your pet 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 customers screen for pre-existing health conditions but some factors may be beyond our control. In the event that a medical emergency arises while a pet is at our facility or participating in a service that we provide, it is imperative that we are able to get them immediate medical treatment at the closest available facility. We will call ahead to the Veterinary offices in closest proximity to our location to ensure they can handle the emergency present. Your pet will be rushed to the closest available facility for treatment and you will be notified. We notify the owner after we have secured a medical treatment center for the animal to avoid delays that may be caused by emotion on the part of the owner. Our goal is to get your pet medical attention as quickly as humanly possible, and any distractions may interfere with that process. For that reason it is a requirement that all our customers sign this form.

I understand in the event of a medical emergency, Fetch n' Catch Canine Recreation Center LLC, at its sole discretion, will seek immediate attention of a licensed Veterinarian. I authorize Fetch n' Catch Canine Recreation Center LLC to seek medical attention for my pet at the closest available Veterinary facility. I further agree that I am financially responsible for any medical treatment that my pet receives as a result of a medical emergency while attending services provided by Fetch n' Catch Canine Recreation Center LLC. I release Fetch n' Catch Canine Recreation Center LLC from any and all liability for any services rendered by the veterinary facility to my pet.

Please perform whatever services the doctor deems necessary for the best care of my pet until someone can be reached. I authorize up to the following amount:

\$100.00___ \$300.00___ \$500.00___ Unlimited___ **Owners Initials**___

Signature of Owner _____ Date _____

Printed Name _____