

DIG IT KENNELS ENROLLMENT APPLICATION

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MOM AND DAD INFO:

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ OTHER PHONE: _____

DRIVER'S LICENSE #: _____

CREDIT CARD # (BOARDERS – MC/VISA ONLY): EXP: _____

E-MAIL ADDRESS/ES (OPTIONAL): _____

DOGGIE INFO:

NAME: BREED: _____

WEIGHT: _____ COLOR: _____ AGE: _____ BIRTHDAY: _____

MALE: NEUTERED: YES: NO: FEMALE: SPAYED: YES: NO:

BRAND OF FOOD: CANNED: DRY:

HOW MUCH: _____ TIMES FED PER DAY: _____ AM: PM:

EMERGENCY CONTACT INFORMATION (FAMILY OR FRIENDS):

NAME: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ OTHER PHONE: _____

PLEASE LIST ANYONE WHO HAS PERMISSION TO PICK UP YOUR DOG(S) OTHER THAN THE

NAME LISTED ABOVE: _____, _____,

_____, _____, _____

VETERINARY INFORMATION:

NAME: _____

CITY/STATE/ZIP: _____

PHONE: _____

Phone (813) 633-0525



Fax (813)

DOG PROFILE

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DOES YOUR DOG HAVE ANY MEDICAL CONDITIONS OR ALLERGIES?

YES: _____ NO: _____

IF YES, PLEASE EXPLAIN: _____

CAN YOUR DOG JUMP A SIX FOOT FENCE?

YES: _____ NO: _____ UNSURE: _____

WHAT FORM OF FLEA AND TICK CONTROL DO YOU USE? _____

IS YOUR DOG PERMITTED TO HAVE TABLE FOOD?

ALWAYS: _____ SOMETIMES: _____ NEVER: _____

DESCRIBE YOUR DOG'S TEMPERAMENT:

DESCRIBE ANY BEHAVIORAL PROBLEMS:

DOES YOUR DOG HAVE ANY HISTORY OF BITING?

YES: _____ NO: _____

IF YES, PLEASE EXPLAIN: _____

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

YES: _____ NO: _____

PLEASE LIST ANY SPECIAL INSTRUCTIONS FOR YOUR DOG:

HOW DID YOU HEAR ABOUT US?

RADIO: _____ TV: _____ NEWSPAPER: _____ IN YELLOW PAGES: _____ INTERNET: _____

FAMILY/FRIEND: _____ WORD OF MOUTH: _____ DRIVE BY: _____

OTHER: _____

Phone (813) 633-0525



Fax (813) 633-0525

DIG IT KENNELS CLIENT AGREEMENT

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THIS IS A CONTRACT BETWEEN "DIG IT KENNELS" AND PET OWNER(S)

1. OWNER AGREES TO PAY THE RATE FOR BOARDING, GROOMING, AND DAYCARE ON THE DATE THE PET IS CHECKED IN TO DIG IT KENNELS.
2. OWNER FURTHER AGREES TO PAY ALL COSTS AND CHARGES FOR ANY AND ALL SERVICES NEEDED OR REQUESTED, INCLUDING, BUT NOT LIMITED TO, ANY AND ALL VETERINARY COSTS FOR THE PET DURING THE TIME THE PET IS IN OUR CARE, AND ANY VETERINARY COSTS INCURRED DUE TO THE PET'S STAY. OWNER FURTHER AGREES THAT THE PET SHALL NOT LEAVE THE KENNEL UNTIL ALL CHARGES INCURRED ARE PAID TO DIG IT KENNELS BY OWNER.
3. BY SIGNING THIS CONTRACT AND LEAVING PET WITH DIG IT KENNELS, OWNER CERTIFIES TO THE ACCURACY OF ALL INFORMATION GIVEN ABOUT SAID PET.
4. IT IS EXPRESSLY AGREED BY THE OWNER AND DIG IT KENNELS THAT DIG IT KENNELS LIABILITY SHALL IN NO EVENT EXCEED THE LESSER OF CURRENT CHATTEL VALUE OF A PET OF THE SAME BREED OR SPECIES OR THE SUM OF \$200.00 PER ANIMAL. THE OWNER FURTHER AGREES TO BE SOLELY RESPONSIBLE FOR ANY AND ALL ACTS OR BEHAVIOR OF SAID PET WHILE IN THE CARE OF CAMP CANINE.
5. OWNER SPECIFICALLY REPRESENTS THAT HE OR SHE IS THE SOLE OWNER OF THE PET, FREE OF ALL LIENS AND ENCUMBRANCES.
6. OWNER SPECIFICALLY REPRESENTS TO DIG IT KENNELS THE PET HAS NOT BEEN EXPOSED TO RABIES OR DISTEMPER WITHIN A THIRTY DAY PERIOD PRIOR TO ANY STAY.
7. I AGREE, IF MY PET SHOWS ANY SIGNS OF FLEAS OR TICKS DURING ITS STAY, THAT DIG IT KENNELS MAY BATHE MY PET AND I WILL BE CHARGED ACCORDINGLY (10.00).
8. IF PET BECOMES ILL OR IF STATE OF THE ANIMAL'S HEALTH OTHERWISE REQUIRES PROFESSIONAL ATTENTION, DIG IT KENNELS, IN ITS SOLE DISCRETION, MAY ENGAGE THE SERVICES OF A LOCAL VETERINARIAN OR PROVIDE APPROPRIATE MEDICAL ATTENTION TO THE ANIMAL AND ANY AND ALL EXPENSES THEREOF SHALL BE PAID BY THE OWNER.
9. THIS CONTRACT CONTAINS THE ENTIRE AGREEMENT BETWEEN THE PARTIES. ALL TERMS AND CONDITIONS OF THIS CONTRACT SHALL BE BINDING ON THE HEIRS, ADMINISTRATORS, PERSONAL REPRESENTATIVES AND ASSIGNS OF THE OWNER AND DIG IT KENNELS.
10. I UNDERSTAND THAT DURING ANY AND ALL HOLIDAYS MY DEPOSIT FOR BOARDING IS NON REFUNDABLE AND CAN ONLY BE USED AS A CREDIT TOWARD FUTURE BOARDING AND/OR DAYCARE.
11. I AM AWARE THAT BY LEAVING MY DOG(S) AT DIG IT KENNELS, OR ANY OTHER PET FACILITY, THEY ARE AT A HIGHER RISK OF CONTRACTING KENNEL COUGH OR OTHER VIRUSES. ALTHOUGH ALL OF THE DOGS ARE REQUIRED TO BE VACCINATED, NO VACCINE IS 100% GUARANTEED. THERE ARE SOME STRAINS OF KENNEL COUGH NOT COVERED BY THE BORDETELLA VACCINE. I UNDERSTAND I WILL BE RESPONSIBLE FOR ANY AND ALL MEDICAL BILLS INCURRED TO MY DOG(S) ILLNESSES.

I, MY HEIRS AND ANY ASSIGNS HEREBY RELEASE DIG IT KENNELS, ITS AGENTS, OFFICERS, SUBCONTRACTORS, EMPLOYEES, ANIMAL OWNERS, CUSTOMERS AND POTENTIAL CUSTOMERS OF DIG IT KENNELS FROM ANY AND ALL LIABILITIES FOR INJURIES TO MYSELF, MY PET OR ANY OTHER PROPERTIES OF MINE WHICH ARISE IN ANY WAY OUT OF SERVICES AND/OR PRODUCTS PROVIDED BY OR AS A CONSEQUENCE OF MY ASSOCIATION WITH DIG IT KENNELS. I ACKNOWLEDGE AND UNDERSTAND THAT EVERY PET REACTS DIFFERENTLY AND THAT ANIMALS, BY NATURE, ARE UNPREDICTABLE. DOGS AND CATS MAY, WITHOUT WARNING, BITE OR CAUSE INJURY TO HUMANS AND OTHER PETS. I ACKNOWLEDGE AND UNDERSTAND THAT THERE ARE CERTAIN RISKS INVOLVED IN PET OWNERSHIP, TRAINING AND CARE, INCLUDING, BUT NOT LIMITED TO, DOG AND CAT FIGHTS, DOG AND CAT BITES TO HUMANS AND/OR OTHER PETS AND THE TRANSMISSION OF DISEASE. WITH MY SIGNATURE BELOW, I UNDERSTAND THE RISK INVOLVED IN PUTTING MY DOG IN A CAGELESS ENVIRONMENT AND ACKNOWLEDGE AND ACCEPT EXCLUSIVE AND SOLE RESPONSIBILITY FOR ALL MEDICAL EXPENSES TO MY PET NO MATTER THE CAUSE. I ALSO AUTHORIZE THE RELEASE OF SAID PET'S MEDICAL RECORDS FROM MY VETERINARIAN.

SIGNATURE: _____ DATE: _____

PLEASE DO NOT EMAIL ENROLLMENT FORM. TURN IN VIA FAX, REGULAR MAIL OR WALK IN.