

INN OF THE DOG

865 S.W. Enterprise Way, Stuart, FL 34997 | (772) 288-1998 | Fax: (772) 288-4338 | Innofthedog.com

Owner Information

Name _____

Street Address _____

City/State/Zip _____

Home Phone () _____

Cell Phone () _____

E-mail address _____

Does anyone, besides the owner, have permission to pick up your pet? No Yes, please provide names –

How did you hear about Inn of the Dog? _____

Emergency Contact Information Incase You Are Not Available

1. Name _____ Phone () _____


2. Name _____ Phone () _____

Veterinary Information


Vet Name _____

Vet Practice _____ Phone () _____

Please Note The Following Requirements

 All dogs must be current on DHLPP, RABIES, and BORDETELLA vaccinations. Bordetella should be administered within the past six months, and at least five days prior to daycare or boarding.

 Proof of vaccinations is required.

 All dogs over the age of 10 months should be spayed or neutered in order to participate in daycare activities.

 All dogs must meet temperament criteria for participation in daycare activities.

 All dogs must be free of fleas and ticks and on preventative. If fleas and/or ticks are discovered on your dog while under our care, a flea/tick bath will immediately be given and you will be charged accordingly.

Dog #1 (forms for additional dogs located after page 3)

Pet Name _____ Age _____ DOB / /

Breed _____ Sex _____ When was your dog spayed/neutered? / /

Where did you get your dog? _____

Any knowledge of your dog's history? No Yes, explain – _____

Has your dog had any major surgery/medical condition? No Yes, explain – _____

What kind of preventative is your dog on? _____

What restrictions need to be placed on your dog's activities/movements? No Yes, explain – _____

Does your dog's physical activity need to be restricted for any reason? No Yes, explain – _____

How does your dog react to visitors to your home? _____

How does your dog act around other dogs when on leash? _____

How does your dog react to puppies & other animals? _____

Has your dog ever bitten a person or other animal? No Yes, explain circumstance – _____

Has your dog ever climbed/jumped a fence? No Yes, what height? _____ Does your dog play with toys? No Yes

Has your dog ever growled/snapped at anyone taking away food or toys? No Yes

Does your dog share food/toys with other animals? No Yes Has your dog ever had formal obedience training? No Yes

Does your dog have any problems in the following areas

House Training No Yes Territorial Marking No Yes Barking No Yes Digging No Yes

Chewing No Yes Ignoring Commands No Yes Frightened By Noises No Yes

Does your dog have any sensitive areas on his/her body? No Yes, explain – _____

What are your dog's favorite petting spots? _____








Does your dog have any food allergies that you are aware of? No Yes, explain – _____

What type of food do you feed your dog? _____

Is your dog allowed treats, biscuits, bones? No Yes

Please list any type of bone/treat/toy you do not want your dog to have _____

INN OF THE DOG – WAIVER

-  As a condition of using our services for your pet(s), the following wavier and assumption to hold harmless must be signed.
-  I understand that I am solely responsible for harm or damage caused by my dog(s) while my dog(s) is under the supervision and care of Inn of the Dog and its employees.
-  I understand and agree that the Inn of the Dog has relied on my representation that my dog(s) is in good health, flea and tick free, and has not harmed or shown aggression or threatening behavior towards any person or any other dog.
-  I understand and agree that the Inn of the Dog and its staff will not be held liable for any problems that develop provided reasonable care and precautions are followed, and I hereby release the Inn of the Dog and its employees from any and all liability of any nature whatsoever arising from my dog’s attendance and participation at Inn of the Dog.
-  I understand and agree that any problem that develops with my dog(s) will be treated as deemed best by staff of Inn of the Dog, in their sole discretion, and that I assume full financial responsibility for any and all expenses involved.
-  In the event of an emergency, I hereby authorize medical treatment be administered to my dog(s) by a veterinarian at my expense.
-  I understand that my dog may be at risk for cuts, scrapes, scratches, and/or bruises associated with daycare activities at Inn of the Dog.

Owner Signature _____

Owner Name (printed) _____ Date / /

Dog # 2

Pet Name _____ Age _____ DOB / /

Breed _____ Sex _____ When was your dog spayed/neutered? / /

Where did you get your dog? _____

Any knowledge of your dog's history? No Yes, explain – _____

Has your dog had any major surgery/medical condition? No Yes, explain – _____

What kind of preventative is your dog on? _____

What restrictions need to be placed on your dog's activities/movements? No Yes, explain – _____

Does your dog's physical activity need to be restricted for any reason? No Yes, explain – _____

How does your dog react to visitors to your home? _____

How does your dog act around other dogs when on leash? _____

How does your dog react to puppies & other animals? _____

Has your dog ever bitten a person or other animal? No Yes, explain circumstance – _____

Has your dog ever climbed/jumped a fence? No Yes, what height? _____ Does your dog play with toys? No Yes

Has your dog ever growled/snapped at anyone taking away food or toys? No Yes

Does your dog share food/toys with other animals? No Yes Has your dog ever had formal obedience training? No Yes

Does your dog have any problems in the following areas

House Training No Yes Territorial Marking No Yes Barking No Yes Digging No Yes

Chewing No Yes Ignoring Commands No Yes Frightened By Noises No Yes

Does your dog have any sensitive areas on his/her body? No Yes, explain – _____

What are your dog's favorite petting spots? _____

Does your dog have any food allergies that you are aware of? No Yes, explain – _____

What type of food do you specifically feed? _____

Is your dog allowed treats, biscuits, bones? No Yes _____

Please list any type of bone/treat/toy you do not want your dog to have _____

Dog #3

Pet Name _____ Age _____ DOB / /

Breed _____ Sex _____ When was your dog spayed/neutered? / /

Where did you get your dog? _____

Any knowledge of your dog's history? No Yes, explain – _____

Has your dog had any major surgery/medical condition? No Yes, explain – _____

What kind of preventative is your dog on? _____

What restrictions need to be placed on your dog's activities/movements? No Yes, explain – _____

Does your dog's physical activity need to be restricted for any reason? No Yes, explain – _____

How does your dog react to visitors to your home? _____

How does your dog act around other dogs when on leash? _____

How does your dog react to puppies & other animals? _____

Has your dog ever bitten a person or other animal? No Yes, explain circumstance – _____

Has your dog ever climbed/jumped a fence? No Yes, what height? _____ Does your dog play with toys? No Yes

Has your dog ever growled/snapped at anyone taking away food or toys? No Yes

Does your dog share food/toys with other animals? No Yes Has your dog ever had formal obedience training? No Yes

Does your dog have any problems in the following areas

House Training No Yes Territorial Marking No Yes Barking No Yes Digging No Yes

Chewing No Yes Ignoring Commands No Yes Frightened By Noises No Yes

Does your dog have any sensitive areas on his/her body? No Yes, explain – _____

What are your dog's favorite petting spots? _____

Does your dog have any food allergies that you are aware of? No Yes, explain – _____

What type of food do you specifically feed? _____

Is your dog allowed treats, biscuits, bones? No Yes _____

Please list any type of bone/treat/toy you do not want your dog to have _____

Dog #4

Pet Name _____ Age _____ DOB / /

Breed _____ Sex _____ When was your dog spayed/neutered? / /

Where did you get your dog? _____

Any knowledge of your dog's history? No Yes, explain – _____

Has your dog had any major surgery/medical condition? No Yes, explain – _____

What kind of preventative is your dog on? _____

What restrictions need to be placed on your dog's activities/movements? No Yes, explain – _____

Does your dog's physical activity need to be restricted for any reason? No Yes, explain – _____

How does your dog react to visitors to your home? _____

How does your dog act around other dogs when on leash? _____

How does your dog react to puppies & other animals? _____

Has your dog ever bitten a person or other animal? No Yes, explain circumstance – _____

Has your dog ever climbed/jumped a fence? No Yes, what height? _____ Does your dog play with toys? No Yes

Has your dog ever growled/snapped at anyone taking away food or toys? No Yes

Does your dog share food/toys with other animals? No Yes Has your dog ever had formal obedience training? No Yes

Does your dog have any problems in the following areas

House Training No Yes Territorial Marking No Yes Barking No Yes Digging No Yes

Chewing No Yes Ignoring Commands No Yes Frightened By Noises No Yes

Does your dog have any sensitive areas on his/her body? No Yes, explain – _____

What are your dog's favorite petting spots? _____

Does your dog have any food allergies that you are aware of? No Yes, explain – _____

What type of food do you specifically feed? _____

Is your dog allowed treats, biscuits, bones? No Yes _____

Please list any type of bone/treat/toy you do not want your dog to have _____