



## DAY CARE INC.

13125 Ventura Blvd. Studio City, CA 91604

818-986-5700

818-986-2700 fax

www.fourpawsdaycare.com

### ENROLLMENT APPLICATION

Page 1 of 4

#### OWNER'S INFORMATION

LAST \_\_\_\_\_ FIRST \_\_\_\_\_

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_

OTHER PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

#### PET'S INFORMATION

PET'S NAME \_\_\_\_\_ BREED \_\_\_\_\_  MALE  FEMALE

COLOR \_\_\_\_\_ WEIGHT \_\_\_\_\_ DOB \_\_\_\_\_

IS YOUR PET ALTERED (SPAYED/NEUTERED)?  YES  NO

#### GENERAL INFORMATION

HOW DID YOU HEAR ABOUT FOUR PAWS? \_\_\_\_\_

SERVICES INTERESTED IN: (✓ ALL THAT APPLY)

DAYCARE  GROOMING  BOARDING  TRAINING

WHO IS AUTHORIZED TO PICK-UP YOUR PET? \_\_\_\_\_

#### VETERINARY INFORMATION

FACILITY NAME \_\_\_\_\_ DR. NAME \_\_\_\_\_

CITY \_\_\_\_\_ PHONE \_\_\_\_\_

#### EMERGENCY INFORMATION (OTHER THAN YOURSELF)

NAME \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

# DOG PROFILE

Page 2 of 4

- Does your dog have any medical problems (blind, hip dysplasia, tumors, etc)? \_\_\_\_\_ If so, please describe: \_\_\_\_\_  
\_\_\_\_\_
- Does your dog have any allergies? \_\_\_\_\_ If so, please describe: \_\_\_\_\_  
\_\_\_\_\_
- Has your dog had any illness in the past 30 days? \_\_\_\_\_ If so, please describe: \_\_\_\_\_  
\_\_\_\_\_
- Describe your dog's temperament (any dislikes, anxiety, very playful, etc.): \_\_\_\_\_  
\_\_\_\_\_
- Describe any behavioral problems: \_\_\_\_\_  
\_\_\_\_\_
- Has your dog ever bitten a person or animal? \_\_\_\_\_ If so, please describe circumstance: \_\_\_\_\_  
\_\_\_\_\_
- What commands does your dog respond to? \_\_\_\_\_  
\_\_\_\_\_
- Is your dog either: (circle) Leash aggressive, cage aggressive, dog aggressive, or owner protective? \_\_\_\_\_ If so, please describe (bites, growls, etc.): \_\_\_\_\_
- Does your dog pull on a leash? \_\_\_\_\_
- What form of flea control do you use? \_\_\_\_\_
- Is your dog permitted to have treats? \_\_\_\_\_
- Can your dog jump over a 5 foot fence? \_\_\_\_\_
- Is your dog a digger? \_\_\_\_\_ Jump on people? \_\_\_\_\_ Chew on furniture? \_\_\_\_\_
- Is your dog current on the following vaccinations? (Attach copy of vaccination record)  
Rabies \_\_\_\_\_ DHP \_\_\_\_\_ Parvovirus \_\_\_\_\_ Bordetella (Kennel Cough) \_\_\_\_\_
- Is there any other information that would be helpful? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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(OFFICE USE ONLY)

DOG EVALUATION PERFORMED BY (EMPLOYEE NAME): \_\_\_\_\_

DATE \_\_\_\_\_ DOGS USED: \_\_\_\_\_

NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide us with the following credit card information. Your card will not be charged for any purpose other than (1) you asking for some of your bill to be placed on the card or (2) emergency care for your dog (3) if balance is past 30 days

- Credit Card Type: \_\_\_\_\_
- Credit Card Number: \_\_\_\_\_
- Credit Card Expiration Date: \_\_\_\_\_
- Credit Card CCV Code \_\_\_\_\_
- Billing Zip Code \_\_\_\_\_

Thank you so much for taking the time to tell us about your dog and yourself!!

Please list anyone besides you and your emergency contact that is authorized to pick up your dog from our facility.

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**Please read the release which comprises the remainder of the Four Paws application and sign and date the bottom of the application. Thank you!**



## FOUR PAWS CLIENT RELEASE

I understand that, despite FOUR PAWS's efforts to maintain the safety of every dog and human at FOUR PAWS's facilities, there are certain risks involved in doggie day care. These risks include but are not limited to my dog getting injured during an altercation with another dog and my dog contracting fleas, kennel cough or some other communicable illness. I voluntarily accept these risks, and release FOUR PAWS and its employees, independent contractors, owners and assigns from any and all claims arising out of injury or damage in any way related to or resulting from my association with FOUR PAWS, including but not limited to claims of injuries to my dog, myself or anyone I send to pick up or drop off my dog, or to any property that belongs to me. I understand and agree that dogs are unpredictable animals, and that if my dog becomes injured while at FOUR PAWS I will be responsible for my dog's veterinary bills and any other costs incurred due to the injury. I agree that FOUR PAWS may use my credit card number, provided in my FOUR PAWS Application ("Card"), to pay for any such veterinary costs. I understand and agree that this release applies to future unknown or unsuspected claims, and hereby waive Section 1542 of the California Civil Code and any similar law. Section 1542 reads as follows:

"A GENERAL RELEASE DOES NOT EXTEND TO CLAIMS WHICH THE CREDITOR DOES NOT KNOW OR SUSPECT TO EXIST IN HIS FAVOR AT THE TIME OF EXECUTING THE RELEASE, WHICH IF KNOWN BY HIM MUST HAVE MATERIALLY AFFECTED HIS SETTLEMENT WITH THE DEBTOR."

I further understand that, though FOUR PAWS will attempt in an emergency to contact my dog's personal veterinarian as well as myself, such an emergency might not provide the time to do so prior to the administration of care. I therefore hereby allow FOUR PAWS to attain medical attention for my dog from any qualified veterinarian and to transport my dog to and from that veterinarian when FOUR PAWS deems such medical care important for my dog's health. I grant FOUR PAWS or its employees or agents full power of decision involving the medical treatment of my dog, and authorize the use of my credit card, below, for such purpose. This release applies to any claims for injuries or damages related to such medical care or transport.

I understand and agree that if my dog damages property belonging to FOUR PAWS that I shall be responsible for paying for that damage, and that FOUR PAWS may use my Card to pay for that damage. I further understand and agree that if my dog attacks and injures another dog (an altercation between dogs is one-sided and my dog is at fault), I will be responsible for paying for any damage caused to that dog, and that FOUR PAWS may use my Card to pay for that damage.

I represent that my dog is currently in good health and has not had any communicable illness of any kind for one week prior to attending FOUR PAWS. I further represent that each time I bring my dog to FOUR PAWS, I am re-certifying that my dog is in good health and has not had any communicable illness of any kind for one week prior to such attendance.

I represent that my dog is currently protected by a flea care preventative and that my dog will be protected by this preventative throughout each and every day my dog attends FOUR PAWS, each time I bring my dog to FOUR PAWS.

I represent that my dog does not have a history of aggressive behavior towards other dogs or humans.

I warrant that I am at least eighteen (18) years of age and that I have the full, complete and unrestricted right and authority to enter into this release.

Print Name: \_\_\_\_\_

**Signature:** \_\_\_\_\_

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