

# **Doggone Nuts! LLC Information and Agreement Form**

## **Owner(s) Information:**

Full Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Phone(s) \_\_\_\_\_

Emergency Contact(s) \_\_\_\_\_

## **Dog's Information:**

Name \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_  Spayed  Neutered  Intact?

Veterinarian's Name/Phone \_\_\_\_\_

In case of medical emergency, amount authorized to spend on your behalf \$ \_\_\_\_\_

I authorize Tiffany Myers/Agent to present my dog(s) for medical treatment at her discretion, on my behalf, and agree to reimburse Doggone Nuts!, immediately upon my return, for all veterinary bills. (Please initial) \_\_\_\_\_

Is your dog up to date on vaccinations? Yes \_\_\_ No(explain on back) \_\_\_\_\_

Is your dog completely housebroken? Yes \_\_\_ No(explain on back) \_\_\_\_\_

If not, I crate/schedule train for an additional fee

Known obedience commands \_\_\_\_\_

Feeding amount & schedule (List allergies) \_\_\_\_\_

Medication schedule \_\_\_\_\_

(Please describe medical condition on back of form)

## **Please indicate every behavior your dog has ever exhibited**

**(This information will help me to better supervise and entertain your dog.)**

- |  |   |
|--|---|
| <input type="checkbox"/> Marking indoors                       | <input type="checkbox"/> Chews furniture/shoes/clothes/carpet/other (please list) _____   |
| <input type="checkbox"/> Submissive urination                  | <input type="checkbox"/> Protective of property(please explain) _____                     |
| <input type="checkbox"/> Guarding food/treats/toys             | <input type="checkbox"/> Aggression towards certain people/animals (please explain) _____ |
| <input type="checkbox"/> Digging holes/Eating plants or shrubs | <input type="checkbox"/> Phobias (please list) _____                                      |
| <input type="checkbox"/> Fence jumping (list height) _____     | <input type="checkbox"/> Other Behaviors _____  |
| <input type="checkbox"/> Digging out under fence               |   |
| <input type="checkbox"/> Escaping from crate                   |   |
| <input type="checkbox"/> Jumping up on people                  |   |

## **Fee schedule:**

**\$38 per dog, per 24 hours of boarding**

**\$25 full-day daycare**

**\$19 half-day daycare**

I have read and agree to the standing policies and procedures at [www.doggonenuts.net](http://www.doggonenuts.net). In addition I have signed and agree to the terms and conditions of the Doggone Nuts! Liability Release Waiver and Agreement to Hold Harmless. (please initial) \_\_\_\_\_

Owner Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse/Co-owner Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



(208) 559-1013