



# WOOF!

News & notes from Gemini Dogs

training • doggie daycare • boarding • grooming

*It's time to update our records...Please complete and return this packet as soon as possible.*

Dog Name: \_\_\_\_\_ Breed: \_\_\_\_\_

### **Emergency Contact Info**

Please list all phone numbers where you, your partner/spouse, and your emergency contact can be reached:

Your Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Home: \_\_\_\_\_

Spouse/Partner: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Home: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Home: \_\_\_\_\_

Email Address: \_\_\_\_\_

### **Veterinarian**

Please confirm which animal hospital your dog is currently a client of: \_\_\_\_\_

### **Medical Conditions**

Does your dog have any known medical conditions?  No  Yes (explain below)

\_\_\_\_\_  
\_\_\_\_\_

### **Medications**

**Is your dog currently taking:    Heartworm Preventative    Flea/Tick Preventative**

Is your dog currently taking any other medication or dietary supplements?  No  Yes (list below or attach a list)

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_

Administration (i.e., in cheese): \_\_\_\_\_ for Treatment of: \_\_\_\_\_

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Administration (i.e., in cheese): \_\_\_\_\_ for Treatment of: \_\_\_\_\_

\_\_\_\_\_

**Extraordinary Measures**

If an emergency occurs and you cannot be reached, what would you like us to do?

Do whatever you would do if it was your own dog                      Signature: \_\_\_\_\_

Do whatever the vet thinks is absolutely necessary                      Signature: \_\_\_\_\_

Offer minimal medical support until I can be reached                      Signature: \_\_\_\_\_

Do not treat my dog medically without my permission                      Signature: \_\_\_\_\_

**Behavior**

Have you noticed any recent behavior changes in your dog?     No     Yes (explain below)

\_\_\_\_\_  
\_\_\_\_\_

**Feeding**

Dry Brand: \_\_\_\_\_ Quantity: \_\_\_\_\_ Frequency:  AM     NOON     PM

Wet Brand: \_\_\_\_\_ Quantity: \_\_\_\_\_ Frequency:  AM     NOON     PM

Special Instructions: \_\_\_\_\_

*Please note whether you add warm water, mix in wet food, yogurt, pumpkin, etc.:*

**Regular Daycare Schedule**

Please confirm your dog’s regular daycare schedule:

Mon     Tue     Wed     Thu     Fri     Sat     Sun

**Package Plan**

Please confirm which discount package you are currently using (or would like to start using):

My dog attends 5+ days a week: 20-Day VIP (\$480 for 20 days) \$24/day

My dog attends 3+ days a week: 20-Day (\$520 for 20 days) \$26/day

My dog attends 2 days a week: 10-Day (\$280 for 10 days) \$28/day

My dog attends 1 day a week: 5-Day (\$150 for 5 days) \$30/day

My dog attends sporadically, no specific days: No Package, Full Days \$32/day

My dog attends sporadically, no specific days: No Package, Half-Days \$22/day

Method of Payment:  Credit Card     Cash     Check



**WAIVER OF LIABILITY AND INFORMED CONSENT**

I understand that the behavior of dogs cannot be guaranteed. I also understand that the behavior of domestic animals is sometimes unpredictable and that some domestic animals are capable of inflicting serious personal injury or death, as well as extensive property damage. Knowing the risks, I agree to assume ALL those risks including, but not limited to; assuming the financial responsibility of any possible litigation arising from any incident in which I or my dog(s) may be involved. I release, indemnify, and hold harmless Gemini Dogs, Inc., Michelle Allen, Penny Allen, and their Employees, Officers, Directors, Agents, or Contractors from any and all damages or personal injury. Any incident involving myself, the location, or those pets, or actions of other participants and spectators will be my sole responsibility and I assume all financial liability and will also assume all and any financial costs associated with my actions and those of my dog(s).

Initials: (  )

In addition to the above, I understand that participating in dog training classes, private lessons, doggie daycare, overnight boarding, grooming, and on-site tours, even as a spectator, holds some risk. My dog and I may be exposed to a variety of potentially harmful situations and accept all possible risks associated with participating or observing any type of activity, training, practice, event, or competition, as well as my dog participating in activities without my presence. I agree to hold harmless Gemini Dogs, Inc., Michelle Allen, Penny Allen, and their Employees, Officers, Directors, Agents, or Contractors including, but not limited to, the business location's agents or owner and to accept responsibility for all litigation and financial obligations arising from any unforeseen event in which I may be involved.

Initials: (  )

I further grant permission to Gemini Dogs, Inc., Michelle Allen, Penny Allen, and their Employees, Officers, Directors, Agents, or Contractors permission to transport my dog to the emergency veterinarian of their choice should a medical emergency occur while my dog is in their care, and I grant them the ability to make emergent decisions regarding the care of my dog should I, my spouse/partner, or my emergency contact be unavailable at the time.

Initials: (  )

I have read, understand and agree to the above:

Name (Print)

Signature

Name (Print)

Signature

Date

Name of dog(s) at location