



THIS AGREEMENT BETWEEN _____ (PET OWNER) AND Go Dog LA, INC WITH THE EXPRESS PURPOSE OF PROVIDING A SERVICE OF CANINE DAY CARE AND BOARDING & AGREED UPON SERVICES STIPULATED BELOW. THIS AGREEMENT APPLIES TO ALL PETS (PRESENT AND FUTURE) AND ALL VISITS.

Go Dog LA WILL PROVIDE:

CARE OF DOG UP TO & INCLUDING: DAILY FEEDING (FOOD SUPPLIED EITHER BY OWNER OR Go Dog LA, OWNER'S CHOICE), FRESH WATER, EXERCISE, SHELTER, AS WOULD CONSTITUTE NORMAL CARE BY Go Dog LA. DOG WILL BE FED 1X OR 2 X DAILY AS STIPULATED BY OWNER. DOG WILL BE EXERCISED DAILY.

OWNER WILL:

PROVIDE DOG FLEA FREE (ON FLEA PREVENTION PROGRAM), PROOF OF SPAY/NEUTER, WITH ID COLLAR, LEASH, GUARANTEE OF UP TO DATE RABIES, PARVO AND BORDETELLA VACCINATIONS.

ALL DOGS ENTERING GO DOG LA FOR THE FIRST TIME MUST FIRST BE GIVEN A SHORT INTERVIEW TO CHECK FOR TEMPERMENT/SOCIALIZATION AS WELL AS FLEAS. PROOF OF UP-TO-DATE SHOTS MUST BE PROVIDED.

As a condition for using our services for your pet, the following Waiver & Assumption to Hold Harmless must be signed:

By choosing to utilize the dog care services at Go Dog LA, I agree to the following:

I agree to pay the rates that are in effect at the time my pet is at Go Dog LA. I am aware that extra charges may be incurred for such things as grooming, training, adventure hikes, etc, and I agree to pay them at the time of pick up.

I understand that upon entering Go Dog LA, my dog will be examined for fleas. If fleas are found, a treatment will be given at my expense.

I understand that this is a cage-free facility and if my dog participates in interactive (i.e. not caged) daycare and/or overnight boarding and/or activities there is some risk of injury and illness. Despite all dogs being screened for temperament and health, dogs are not always predictable and the unexpected may occur. I recognize that the benefits of an interactive playgroup are valuable to my dog, and I accept the potential risks. I further agree to pay veterinary and medical expenses incurred as a result of injury or illness caused by my dog. I also agree to pay any veterinary and medical expenses incurred by my dog as a result of injury or illness.

I am aware that peak holiday periods may have a non-refundable deposit, minimum stay requirements and/or increased pricing

If my pet appears to be ill or injured, I authorize Go Dog LA to engage the services of a veterinary at my expense, to give other requisite attention, and to make whatever decisions are required for my pet's veterinary treatment. I will not hold Go Dog LA liable for failure to seek veterinary attention or for decisions made under this contract.

I understand that Go Dog LA will exercise due diligence and care in the guardianship of my pet. I hereby waive and release Go Dog LA and its employees and agents from any and all liability of any nature, for injury or damage, including that which may result from the action of any dog including my own, and I expressly assume the risk of such damage or injury while my dog participates in or attends any function of Go Dog LA, while on the grounds or in surrounding areas, or in the Go Dog LA shuttle.

On behalf of myself and all other owners of this pet, I have read and agree to the terms of this contract. I warrant that I have the authority to represent any and all other owners of this pet in signing this contract. This is a permanent agreement that applies to all pets (present and future) and all stays at Go Dog LA.

Signed (X): _____ Print Name: _____ Date: _____

Dog Name(s): _____

Go Dog LA -- Owner Information

Pet's Name: _____

Second Pet's Name: (if applicable) _____

Owner Information

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Occupation: _____ Employer: _____

Second Owner Information (if applicable)

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Occupation: _____ Employer: _____

Emergency Contact Information, other than Owner's

Name: _____ Phone: _____

Name: _____ Phone: _____

Names of anyone other than owner(s) that has permission to pick up your dog(s):

Name 1: _____ Name 2: _____ Name 3: _____

Veterinary Information

Vet's Name: _____ Clinic: _____ Phone: _____

How did you hear about Go Dog LA? Please be specific (i.e. referral name, search engine, yellow pages, etc):

Please enter additional pet information on page 3.

Go Dog LA Pet Information

Dog's Information

Second Dog's Information (if applicable)

Name: _____

Male/Female: _____ Neutered: YES NO

Breed: _____ Color: _____

Age: _____ Date of Birth: _____

How long have you owned this dog: _____

Distinguishing physical characteristics: _____

Please describe any temperament issues, such as shyness, fear, or aggression. Be as detailed as possible:

Describe any medical or physical problems:

Date of Last DHLPP (Distemper, etc) shot: _____

Vaccinated for Kennel Cough: YES NO

Date (if yes): _____

Rabies Expiration Date: _____

Ever Been Boarded Overnight Before: YES NO

Ever Attended Interactive Day Care Before: YES NO

Used to Being in a Crate: YES NO

Any Separation Anxiety Issues: YES NO

Ever Escaped (over/under) a Fence: YES NO

Feeding Schedule: _____

Problems Getting Along With Other Dogs (please describe in detail): _____

Problems with Certain Types of People: _____

Reasons for Day Care (below):

- Socialization and Play (check)
- Exercise (check)
- Long Day (check)
- Other

Favorite Activities (below):

- Ball (check)
- Frisbee (check)
- "Keep Away" (check)
- Cuddle (check)
- Belly Rub (check)
- Brushing (check)
- Massage (check)
- Other

Please describe any temperament issues, such as shyness, fear, or aggression. Be as detailed as possible:

Describe any medical or physical problems:

Any Additional Information that will Help us Care for your Dog: _____

What did you like about the last dog daycare/ boarding facility you used?: _____

Check us out online for more information at www.GoDogLA.com