



# Boarding and Daycare Application

1975 SE 1<sup>st</sup> St. Gresham, OR 97080  
Phone: 503-669-8081 - Fax: 503-669-8050  
[www.dogtownpdx.com](http://www.dogtownpdx.com)

## Customer Information

Name Day Phone  
Address 1 Eve. Phone  
Address 2 Cell Phone  
City State Zip email

How did you hear about us?

## Emergency Contact Information

Name Phone

Other people authorized to pick up your dog?

## Dog Information

Dog's Name Breed  
DOB Spayed/Neutered Yes No Sex Female Male  
Is your dog crate/kennel trained? Yes No Under 6 Months Yes No

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DOB Spayed/Neutered Yes No Sex Female Male  
Is your dog crate/kennel trained? Yes No Under 6 Months Yes No

Vet. Clinic Vet. Phone  
If your dog becomes ill or injured where would you like them taken? On-call Vet Closest Vet My Vet

## Personality Profile

Does your dog have issues with children, cats, loud noises, etc?

How does your dog respond to brushing? Any sensitive areas?

Has your dog been to another Daycare or Off-leash Dog Park? Where?

Does your dog Jump/Climb fences? What height? (Note-DogTown fences are 6 ft high)

Any additional information we should know to best care for your dog?

## Liability Release and Agreement

I understand that DogTown frequently photographs dogs and people having fun in our facility and at off-site activities. I agree that some of these pictures may be used in DogTown's promotional materials or website.

Yes      No

I understand that there is a 25% non-refundable deposit required for Boarding, due at time of reservation.

I understand that there is a \$25 fee for any returned checks.

I understand that if my dog(s) is/are left at DogTown for more than 3 days after their scheduled pickup date and DogTown is unable to contact me, my dog(s) may be considered abandoned. DogTown reserves the right to seek a new home for an abandoned dog(s) and no compensation will be made to the owner.

I understand that DogTown reserves the right to permanently remove any dog from Daycare at any time.

I understand and agree that there are risks, in addition to benefits of Dog Daycare. I hereby irrevocably release, waive and indemnify DogTown, LLC, its owners, staff, property owner and affiliates from any and all claims for liability on account of any injury, loss, damage, infection, and diseases to my dog(s), up to and including, death.

I, the owner of the dog(s) named herein, hereby designate DogTown, LLC and its officers to act as my attorney-in-fact and to act in my name for the emergency medical benefit of my dog(s). By executing this document, it is my intention that DogTown shall have authority to make all emergency health decisions for my dog(s), including, but not limited to the following: to employ and discharge medical personnel; to execute documents; to provide written consent for treatment; to obtain and administer prescribed medications; and to incur reasonable and necessary expenses in carrying out the powers and duties under this document. I agree to reimburse DogTown for any and all expenses incurred at their discretion. I further agree to indemnify and hold harmless DogTown from any and all liabilities for acts done in good faith. I further state that should my dog pass away during my absence, I direct that a veterinarian will be called upon to safe keep my dog until my return. If my dog becomes ill while Boarding and I cannot be reached, I authorize \$ \_\_\_\_\_ amount to be spent to care for my dog. Initial here

I would like to be notified immediately upon the injury, loss or death of my dog.      Yes      No

By signing below, I agree that I have received a copy of DogTown's Rules and Regulations and I agree to abide by those Rules and Regulations.

I also understand that this agreement contains a Medical Power of Attorney, a Release of Liability, an Indemnity Agreement for services between DogTown and myself. If any part of this agreement is deemed unenforceable, all remaining parts shall be given full affect to the extent possible. If there is a dispute between the parties relating to this agreement, the party substantially prevailing shall be entitled to recover all costs and expenses of any subsequent proceedings, including the attorney and/or arbitration fees incurred therein. This agreement contains the complete understanding of the parties with respect to the subject matter and supersedes all prior oral and written presentations and understandings. This agreement may be modified only in writing and signed by all parties.

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date