



145 Paterson Avenue  
 Wallington, NJ 07057  
 Phone: 973-574-8855  
 Fax: 973-574-8188

[www.doggieparadise.net](http://www.doggieparadise.net)

E-mail: [staff@doggieparadise.net](mailto:staff@doggieparadise.net)

## CLIENT INFORMATION FORM

### Human's Information

Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 E-mail Address \_\_\_\_\_ (you will receive our Monthly Newsletter & Coupons/Others)  
 We will only release the dog to someone listed on this form. List others who may need to pick up your dog:  
 Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Name \_\_\_\_\_ Phone \_\_\_\_\_

### Vet's Information

Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

### Emergency Contact (other than vet or dog's owner)

Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### Dog's Information

Name \_\_\_\_\_  
 Age \_\_\_\_\_ Birth date \_\_\_\_\_  
 Breed \_\_\_\_\_ Sex \_\_\_\_\_ Male ف Female ف  
 Color \_\_\_\_\_ Spayed/Neutered Yes ف No ف  
 \*Required after 8 months of age (NO EXCEPTIONS)  
 Weight \_\_\_\_\_

Print Name \_\_\_\_\_ Sign Name \_\_\_\_\_  
 Date \_\_\_\_\_

### For Doggie Paradise's Use Only (please do not fill out)

Evaluation Date: \_\_\_\_\_ Issues Noted: \_\_\_\_\_  
 Admitted By: \_\_\_\_\_

**Pet Diet Information**

# of Times Fed Per Day \_\_\_\_\_

Quantity \_\_\_\_\_ (each serving)

Doggie Paradise provides premium dog food at \$1.00 per serving.  
You can bring your dog's food of choice and we will feed your dog for no charge.

**All food, treats, & bones must be in an air tight container (no bags) -  
No exceptions!**

**Health Information**

Does your dog have any chronic medical conditions? Yes  No

Has your dog had any seizures? Yes  No

If yes, please explain the frequency and severity:

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

Does your dog take any regular medications? Yes  No

If yes, please explain condition, medication, days, dosage, and time:

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

Does your dog have any allergies? Yes  No

If yes please list them:

\_\_\_\_\_

**How did you hear about Doggie Paradise, Inc.?**

- |  |  |       |
|--|--|-------|
| <input type="checkbox"/> Website               | <input type="checkbox"/> Friend/Family | _____ |
| <input type="checkbox"/> The Shopper's Guide   | <input type="checkbox"/> Veterinarian  | _____ |
| <input type="checkbox"/> NJ Tails Pet Magazine | <input type="checkbox"/> Groomer       | _____ |
| <input type="checkbox"/> Yellow Pages          | <input type="checkbox"/> Trainer       | _____ |
| <input type="checkbox"/> Word of Mouth         | <input type="checkbox"/> Other         | _____ |

I, \_\_\_\_\_, acknowledge that my dog, \_\_\_\_\_,

is currently under a flea control program. Examples of a flea control program are

Frontline Plus, K9 Advantix and Vectra 3D. I understand that my dog will be

inspected for fleas and if fleas are found, the dog will be administered a flea bath

and a flea preventative immediately at my expense.

My dog will be on a flea treatment for the months of April through October.

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

Signature \_\_\_\_\_

Date \_\_\_\_\_



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## HOLD HARMLESS AGREEMENT AUTHORIZATION, ACKNOWLEDGEMENT, & WAIVER

I, \_\_\_\_\_ (print your name) certify that I am the owner or the agent of the owner of \_\_\_\_\_ (print your dog's name), and that I am authorized to board the pet and sign this form.

I hereby authorize Doggie Paradise, Inc. (hereinafter referred to as "Doggie Paradise") to maintain my credit card number on file and charge purchases made and/or services rendered against the card at the prices in effect at the time of the transaction. All charges are final when made. Should my credit card charges be declined or any other unpaid charges remain unpaid, Doggie Paradise reserves the right to assess a finance charge of 18% annually.

I understand that use of the facilities requires that I am responsible for acquiring, reviewing, and understanding all rules, regulations, policies & procedures in effect. I understand that Doggie Paradise reserves the right to refuse use of Doggie Paradise's facilities to pets who, in Doggie Paradise's sole determination, act aggressively, are undisciplined, evidence inappropriate behavior or who may otherwise be a danger to themselves or other animals or users.

I acknowledge that pets are encouraged to socialize and exercise at Doggie Paradise and that injuries to either pets or owners or their guests might reasonably be foreseen to result from off-leash playing and roughhousing that may occur within our facilities. I agree for myself, my pet and my guests and invitees to assume the risks and hazards that may be expected to arise from such use and the presence of animals. I agree that Doggie Paradise shall not be responsible for injuries or illnesses to myself, my pet(s), my guests or invitees, other patrons or their pets who may be injured by my pet or by my acts or omissions or the acts or omissions of my guests and invitees, and I shall indemnify Doggie Paradise for any costs, damages, claims or expenses that may result there from. I further acknowledge that Doggie Paradise shall not be held responsible for any illness or ailment that may affect my pet during its visit or stay at Doggie Paradise. With respect to myself, my pet and my guests and invitees, I shall hold Doggie Paradise harmless from any costs, damages, claims or expenses that we may incur from our use of the facilities. I further agree for myself, my pets and my guests and invitees, that we shall be solely responsible and shall not sue Doggie Paradise or any of its employees, officers, agents, customers, visitors or guests for costs, damages, claims or expenses that we may incur as a result of injury, sickness or other harm to my pet(s) while under the care of Doggie Paradise.

I authorize Doggie Paradise to contact my veterinarian in order to confirm health, temperament and vaccinations. If, in my absence, my pet should be injured, become ill or suffer an ailment or is otherwise deemed by Doggie Paradise to require immediate veterinary attention, Doggie Paradise is authorized to consult with my veterinarian. If my veterinarian is unavailable or located at too great of a distance, Doggie Paradise is authorized to utilize the services of another licensed veterinarian. I understand that I shall be responsible for any and all charges with respect to such veterinary care. Further, should I be required to take my pet to a veterinarian after a stay or visit at Doggie Paradise, I shall be responsible for any and all veterinary or other related or unrelated charges; Doggie Paradise shall in no way be responsible for same.

I agree that the names and likenesses of me, my family members and my pet may appear on Doggie Paradise website, advertising, printed materials, promotional videotapes, news programs/or other press, magazine, radio, television and/or internet coverage from time to time.

I understand that if my dog is left at the day care for a period of five days without contact from me the dog will be considered abandoned and necessary steps will be taken to turn the animal over to the proper authorities.

By signing below, I acknowledge that I have read this Authorization, Acknowledgement & Waiver carefully & understand it fully and accept the terms contained herein.

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

Signature \_\_\_\_\_

Date \_\_\_\_\_