

Doggone Nuts! LLC Information and Agreement Form

Owner(s) Information:

Full Name(s) _____ Phone(s) _____
Address _____ Email _____
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 | |

Basic rate: \$30 per dog, per day

Dates your dog will be cared for by Doggone Nuts! from _____ to _____

Basic grooming: \$20-\$45 (includes all natural shampoo and condition, blow-dry, brush out, ear cleanse and nail trim if tolerated. I am unable to continue grooming dogs that become aggressive, and I never use a muzzle. Clipping not included)

Would you like your dog groomed just before you return? Yes ____ No ____

Please list any special instructions _____

I have read and agree to the standing policies and procedures at 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 _____



362-5839