

Downtown Dogs Client Contract

I _____ (the owner of the dog(s)) _____, in exchange for the provision of dog daycare and/or boarding services by Downtown Dogs Acquisition Corp (Downtown Dogs), agree to pay Downtown Dogs its posted rates, as may change from time to time, and I agree that the aforementioned services are provided on the following conditions:

I understand Downtown Dogs reserves the right to refuse service to anyone for any reason.

I have disclosed to Downtown Dogs all known dangers associated with my dog(s), specifically: _____

I understand that I am liable for all claims, expenses, and damages caused by my dog(s).

I expressly waive and relinquish any and all claims against Downtown Dogs, its employees, and representatives.

I expressly understand and agree that Downtown Dogs shall not be held responsible for any damage to my property, or that of others, caused by my dog(s) during the period in which they are in its care.

I expressly understand and agree that, in the event of an altercation between two or more dogs, each dog's owner is responsible for any and all resulting medical/veterinary expenses for his/her own dog.

I understand that under no circumstances will Downtown Dogs be liable for consequential damages or damages beyond the replacement value of my dog(s).

If any medical problems develop while my dog is in the care of Downtown Dogs, I authorize Downtown Dogs to do whatever they deem necessary for the safety, health, and wellbeing of my dog(s). Further, I agree to assume full financial responsibility for any and all expenses incurred.

I understand that Downtown Dogs is an open air facility. I accept the risks involved and agree that Downtown Dogs is not liable for any injuries or illnesses during my dog's attendance.

I authorize Downtown Dogs to use any pictures taken of my dog(s) for promotional purposes.

I understand and agree that payment in full is due at the time I pick up my dog(s).

I agree to use a flea preventative on my dog(s) from May to November.

I will not bring my dog(s) to Downtown Dogs if they have shown symptoms of or been exposed to a communicable illness until an accredited veterinarian has confirmed my dog's illness is not contagious.

I acknowledge and accept that Downtown Dogs may use the following behavior modification practices to manage my dog's behavior: praise, petting, and other positive reinforcement, time-outs in a crate or separate area, water bottles, bark collars, and citronella products.

For puppies who have not yet received their rabies shots:

I understand and accept the risks of leaving my puppy at Downtown Dogs prior to receiving his/her rabies shot. I will furnish Downtown Dogs with vaccination records as soon as my puppy is vaccinated. _____

(Initials)

I hereby declare to Downtown Dogs that I am the legal owner of my dog(s); that my dog(s) has not been exposed to distemper, rabies or parvo within the past (30) thirty days; that my dog(s) has been inoculated as indicated by records presented; and that I (the owner) have read this agreement in its entirety.

I have reviewed the above information for accuracy, I understand the contents of this form, and I agree to the above terms.

Signature _____ Date _____

Print Name _____



821 2nd Ave North, Minneapolis, MN 55405 (612) 374-DOGS www.dtdogs.com

REGISTRATION FORM

OWNER(S) INFORMATION

Last Name _____ First Name _____

Cell Phone _____ Home Phone _____

Last Name _____ First Name _____

Cell Phone _____ Home Phone _____

Street Address _____

City _____ State _____ Zip _____

Email _____

Preferred Contact Phone _____

EMERGENCY INFORMATION

If we cannot reach you in the event of an emergency, whom should we call?

Emergency Contact Name _____

Emergency Contact Phone _____

Relationship to You _____

OTHER INFORMATION

How did you hear about Downtown Dogs?

If you are a foster parent to the dog you are registering, please indicate what rescue group the dog belongs to:

Over Please.



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REGISTRATION FORM

DOG INFORMATION

Please complete a separate form for each dog being registered.

Name _____

Breed _____ Color _____

Sex (Please Circle) **Male / Female**

Status (Please Circle) **Neutered / Spayed / Intact**

Date of Birth (MM/DD/YYYY) _____ (If unknown, please estimate year)

Veterinary Clinic Name _____

Veterinary Clinic Phone _____

Name of Veterinarian (Doctor) (Optional) _____

DOG HEALTH

Proof of vaccinations must be presented with this form.

List Any Health Issues _____

List Any Allergies _____

May we give your dog treats / snacks? (Please Circle) **Yes / No**

DOG BEHAVIOR

List Any Behavior Issues _____

Has your dog played off leash with other dogs before? (Please Circle) **Yes / No**

Has your dog ever bitten a human and drawn blood? (Please Circle) **Yes / No**

If yes, what were the circumstances? _____

Has your dog ever bitten another dog and drawn blood? (Please Circle) **Yes / No**

If yes, what were the circumstances? _____

Have you ever used a bark collar for your dog? (Please Circle) **Yes / No**

Is there any other information that will be helpful to us in caring for your dog? _____