

Prior to your dog's first visit please send us a completed application and your dog's current vaccination records by email to woofsandwigglesInc@gmail.com

If you have any questions please feel free to email or call us at (650)-365-5600

Woofs & Wiggles, Inc.

Woofs & Wiggles, Inc. strives to provide a safe, fun, and stimulating environment for dogs. To ensure the safety and health of your pet and our other guests, we require all clients to agree and comply with the following:

Age: All dogs must be at least 10 weeks of age. A soft collar with current I.D. is mandatory.

Sex: All dogs older than six months must be spayed or neutered.

Shots: All dogs must have up-to-date vaccinations. Owners must be able to submit proof of their dog's Rabies, DHLPP and Bordetella vaccinations. (Rabies vaccinations are only required for dogs over 4 months of age.)

Health: All dogs must be in good health; upon admission, all dogs must be free from any condition that could jeopardize other guests. Owners will certify their dog(s) are in good health and have not been ill in the last 30 days. Dogs that have been ill with a communicable condition in the last 30 days will require veterinarian certification of health to be admitted or readmitted.

Owners must also maintain a flea control program for their dog(s) while attending Woofs & Wiggles.

Behavior: All dogs *must* be non- aggressive, and not protective of food or toys. Owners must certify that their dog(s) have not harmed any person or any other dog, and have not shown any aggressive or threatening behavior towards any person or any other dog(s). Your dog will be interacting with other dogs throughout the day and the safety and health of all animals and persons is our main concern.

Risks: One of the reasons you have chosen Woofs & Wiggles, Inc. to care for your dog is for socialization. The exposure of your dog to other dogs creates a chance of injury or the development of illness. It is our promise to take precautions to reduce this risk but no facility can eliminate the risks completely. Common injuries can include sore feet, joints, muscles, minor nicks and scratches. Common illnesses can include diarrhea and minor respiratory infections.

Application: All dogs must have a complete, up-to-date and approved application on file.

Days and Hours: Monday through Friday from 7 a.m. to 7 p.m.

Reservations: Reservations are recommended

Prior to your dog's first visit please send us a completed application and your dog's current vaccination records by email to woofsandwigglesInc@gmail.com

If you have any questions please feel free to email or call us at (650)-365-5600

Contact Information

Owner Information

Name: _____

Address: _____

Contact Information

Phone- Home: _____ Work: _____ Cell: _____

Email Address: _____

Emergency Contact

Name: _____ Relationship _____

Phone- Home: _____ Work: _____ Cell: _____

Prior to your dog's first visit please send us a completed application and your dog's current vaccination records by email to woofsandwigglesInc@gmail.com

If you have any questions please feel free to email or call us at (650)-365-5600

Pet Information and Personality Profile

General Information

How did you hear about Woofs & Wiggles? _____

Dog's Name: _____ Birth date: _____ Age: _____

Breed: _____ Color: _____ Sex: ____ Weight: _____

How long have you owned your dog? _____

Where did you get your dog? _____

If adopted, do you have any knowledge of your dog's past history? _____

Is your dog Spayed/Neutered? _____ If yes, at what age was this done? _____

Does your dog like children? _____

How does your dog behave around children? _____

Are there other animals in your household? If so, please list type, sex and age of each:

How does your dog get along with your other resident animals? _____

What brand of food do you use? _____

Does your dog have any food allergies? ____ If so, to what food(s)? _____

Does your dog take any maintenance medication(s)? _____

Is your dog comfortable sleeping in a crate? _____

Where does your dog routinely sleep? _____

Vet Name: _____ Contact Info: _____

Prior to your dog's first visit please send us a completed application and your dog's current vaccination records by email to woofsandwigglesInc@gmail.com

If you have any questions please feel free to email or call us at (650)-365-5600

Health and Grooming

Has your dog ever had fleas? _____

Does your dog have non-food allergies? _____

Does your dog have hip dysplasia? _____ If yes, what restrictions need to be placed on your dog's activities and movement? _____

Does your dog like to be brushed? _____

How does your dog react to bathing? _____

How does your dog react to having his/her nails clipped? _____

Does your dog have any sensitive areas on his/her body? _____

What are your dog's favorite petting spots? _____

Behavior

Is your dog afraid of any specific items or noises? If so, please explain: _____

How does your dog react to strangers coming into your home or yard? _____

Does your dog ever bark or growl at anyone passing outside your home or yard? _____

Are there any kinds of people your dog fears or dislikes? _____

Are there any kinds of dogs your dog fears or dislikes? _____

How does your dog react to puppies? _____

Has your dog ever: Growled at someone? _____ If so, what were the circumstances? _____

Has your dog ever bitten someone? _____ what were the circumstances? _____

Prior to your dog's first visit please send us a completed application and your dog's current vaccination records by email to woofsandwigglesInc@gmail.com

If you have any questions please feel free to email or call us at (650)-365-5600

Does your dog have any problems in the following areas? (if so, please explain)

Play-biting _____

Fence Climbing _____

Barking _____

Digging _____

Ignoring commands _____

Has your dog ever growled or snapped at anyone who has taken his/her food or toys away from him/her? _____ If so, what were the circumstances? _____

Has your dog ever shared his/her food or toys with other animals? _____

Does your dog play with toys? _____ What type of toys or games does your dog like? _____

Does your dog play with other dogs? _____

Has your dog ever had any formal obedience training? _____

Does your dog know any commands or tricks? _____ If so, which ones? _____

Other comments about your dog which you feel might be helpful:

Prior to your dog's first visit please send us a completed application and your dog's current vaccination records by email to woofsandwigglesInc@gmail.com

If you have any questions please feel free to email or call us at (650)-365-5600

Medical Release

At Woofs & Wiggles, Inc.'s discretion, if your dog is in need of veterinary care, we will make every effort to contact you. If you are unable to pick up your dog we will take your dog to a licensed veterinarian. If your veterinarian is located nearby we will make every effort to have your dog taken there. If your veterinarian is unavailable, or we determine that your dog needs immediate care, we will take your dog to our on-call veterinarian or nearest emergency veterinary hospital.

I _____, give permission for Woofs & Wiggles Inc., to act as my agent in the event that my dog needs medical attention. I agree that I will be responsible for all costs of any veterinary care deemed necessary. In the event of a medical emergency, I authorize Woofs & Wiggles, Inc. to have my dog treated by my dog's veterinarian or a veterinarian of Woofs & Wiggles Inc.'s choosing. I will pay for all costs of care and treatment.

Signed _____ Date _____

Regular veterinarian _____

Veterinarian's phone number _____

Dog's name/ Breed/ Color/ Sex _____

Applicant's Initials _____

Prior to your dog's first visit please send us a completed application and your dog's current vaccination records by email to woofsandwigglesInc@gmail.com

If you have any questions please feel free to email or call us at (650)-365-5600

Indemnity Provision

I shall defend, indemnify and hold Woofs & Wiggles, Inc. its officers, directors, agents and/or employees, exempt and harmless from any and all claims, damage or injury to any person or the dog(s), and other property of any person, arising from my dog(s) attendance and participation at Woofs & Wiggles, Inc. and shall further indemnify, and hold harmless Woofs & Wiggles, Inc. its officers, directors, agents and/or employees, from and against any and all claims arising from any breach or default in the performance of any obligation on my part to be performed under the terms of this agreement, and from and against all costs, attorney's fees, expenses and liabilities incurred in the defense of any such claim or any action or proceeding brought thereon; and in case any action or proceeding be brought against Woofs & Wiggles, Inc. its officers, directors, agents and/or employees by reason of any such claim, I shall, upon written notice, defend the same at my expense by counsel satisfactory to Woofs & Wiggles, Inc. I, as a material part of the consideration to Woofs & Wiggles, Inc. hereby assume all risk of damage to property or injury to persons and/or dog(s) arising from any cause and I hereby waive all claims in respect thereof against Woofs & Wiggles, Inc.

Limit of Liability

Should Woofs & Wiggles, Inc. its officers, directors, agents and/or employees, become obligated to me for any reason, their combined liability shall never exceed Fifty Dollars (\$50.00).

Refusal of Service

Woofs & Wiggles, Inc. reserves the right to refuse service to any owner and/or dog at any time, without cause or justification.

Signature of Owner

Date

Name(s) of Dog(s)

Applicant's Initials _____