

<input type="checkbox"/>	Day Care
<input type="checkbox"/>	Walks/Hikes
<input type="checkbox"/>	Training
<input type="checkbox"/>	Boarding



1. A completed set of application forms must be submitted along with current vaccination records.

1. Dog care application form
2. Pet care agreement
3. Pet medical history form
4. Dog daycare, medical release form
5. Vet instructions & release form

2. Pet must attend a half day temperament evaluation at Tails & Trails prior to attending our day care or boarding facility.

- A COPY OF ALL VACCINATION RECORDS IS REQUIRED PRIOR TO THE EVALUATION!
- Our evaluation day will cost \$13.00, the price of a half day of daycare. Upon acceptance into our day care, you may purchase a package of day care days which includes a price break.

3. All vaccination and spay/neuter records must be kept up to date at all times.

- Vaccinations required are; Rabies every 3 years, DHPP yearly, bordetella every 6 Months.
- All dogs must be spayed/neutered after 6 months of age, unless negotiated.

APPLICATION FORM

HOW DID YOU HEAR ABOUT WIND RIVER TAILS & TRAILS (T&T) DOG DAYCARE? _____

Your Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home ph: _____ Work ph: _____ Cell ph: _____ Email: _____

IF WE CAN'T GET IN TOUCH WITH YOU WHO CAN WE CONTACT?

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home ph: _____ Work ph: _____ Cell ph: _____ Email: _____

PET INFORMATION

Name: _____ Age/Birthday: _____ Sex: _____ Spayed/neutered? _____

Breed: _____ Color: _____ Weight: _____ Micro chip Y/N #: _____

Does dog have any allergies? (Food, treats, other?) _____

Does your dog have any pre-existing health conditions? (Please circle) YES NO (If yes, please describe on pet medical history form)

PERSONALITY ASSESSMENT

How long have you owned your dog? _____ Where did you get your dog? _____

If adopted, do you have information on prior history? _____

Are there any other animals in the household? (Species/Breed/Age): _____

How do they get along? _____

How does your dog respond to other dogs inside your household? _____

Outside your household? _____

What is the make up of your household?

Adult males? _____ Adult females? _____ Children/ages? _____

Which family member is your dog most fond of? _____ Which sex is your dog most fond of? _____

Please describe your dogs overall temperament: _____

Is there a specific kind of person or dog that your dog automatically fears/dislikes? If yes, describe: _____

Has your dog ever bitten someone? If yes, explain: _____

Has your dog ever been in a fight or bitten another dog? If yes, explain: _____

Has your dog ever escaped or attempted to escape by digging/jumping or climbing fences? If yes, explain: _____

What type of activities do you share with your dog? (Walks,hiking,ect.) _____

Is your dog housebroken or crate trained? _____

Is your dog food aggressive? (Explain) _____

Treat? _____

Toy? _____

Has your dog ever received any formal training? If yes, when and where? _____

Does your dog know any commands or tricks? If yes, what are they? _____

What is your dog's reaction to the following?

Puppies: _____

Another dog approaching: _____

Dog parks: _____

Off leash: _____

On leash: _____

Strangers: _____

Nail clippings: _____

When you leave home: _____

Under what circumstances does your dog exhibit the following?

Barking/growling: _____

Jumping: _____

Digging: _____

Biting/mouthing: _____

Destructive chewing: _____

Mounting: _____

Running away: _____

Separation anxiety: _____

Has your dog attended another daycare before? If so, when and where? _____

Does your dog have any physical elements that will limit its play? _____

Is there anything else we should know about your dog? Please be detailed: _____

When would you like to start? _____



"Wind River Tails & Trails"

"Dedicated to the Love & Care of All Dogs (Great & Small)"

(406) 273-4899 • 5353 E. Carlton Creek Road, Florence, MT
www.BearDogs.org • windriver@BearDogs.org

DOG DAYCARE, PET CARE AGREEMENT

Your Name:

Address: City: State: Zip:

Home Phone: Work Phone: Cell: Email:

Dogs Name: Age: Breed:

1. I further understand that T&T DOG DAYCARE. has relied upon my representation that my dog is in good health and has not injured or shown aggression or threatening behavior to any person or dog in admitting my dog for services at their facility.
2. I further understand that T&T DOG DAYCARE. their owners, staff, partners and volunteers, will not be liable, financially or otherwise, for injuries to my dog, myself or any property of mine while my dog is participating in services provided by T&T DOG DAYCARE. I hereby release T&T DOG DAYCARE. of any liability of any kind arising from my dogs participation in any and all services provided by T&T DOG DAYCARE.
3. I further understand and agree that any problems with my dog, behavioral, medical or otherwise will be treated as deemed best by staff of T&T DOG DAYCARE. in there sole discretion, and in what they view as the best interest of the animal. I understand that I assume full financial responsibility and all liability for any and all expenses involved in regards to the behavior and health of my dog.
4. I further understand that there are risks and benefits associated with group socialization of dogs. I agree that the benefits outweigh the risks and that I accept the risk. I desire a socialized environment for my dog while attending services provided by T&T DOG DAYCARE. and while in their care. I understand that while the socialization and play is closely and carefully monitored by PAWS staff to prevent injury, it is still possible that during the course of normal play my dog may receive minor nicks and scratches from roughhousing with other dogs. Any injuries to my dog will be pointed out by staff upon pick-up.
5. I understand by allowing my dog to participate in services offered by T&T DOG DAYCARE. I hereby agree to allow T&T DOG DAYCARE. to take photographs or use images of my pet in print form or otherwise for publication and/or promotion.
6. I further understand that I am solely responsible, financially or otherwise, for any harm or damage caused by my dog while my dog is attending any services provided by T&T DOG DAYCARE.
7. I understand that if my dog is not picked up on time or by a date specified in a separate agreement, I hereby authorized T&T DOG DAYCARE. to take whatever action is deemed necessary for the continuing care of my dog. I will pay T&T DOG DAYCARE. the cost of any such continuing care upon demand by T&T DOG DAYCARE. I understand that if I do not pick up my animal, T&T DOG DAYCARE. will proceed according to the guidelines provided by Montana State Law for Abandonment of Animals By Owner, procedure for

handling. I also acknowledge that I will be fully responsible for all attorney's fees and associated costs if I abandon my dog.

Signature of Owner: _____

Date _____

Printed Name: _____



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DOG DAYCARE MEDICAL RELEASE FORM

This is a required form for all T&T DOG DAYCARE participants receiving services.

First and foremost the safety and well being of your pet(s) is of the highest importance. Insuring that your pet remains safe and well cared for is our first responsibility and as such we take it very seriously. We do our best to have our pet parents screen for pre-existing health conditions but some factors may be beyond our control. In the event that a medical emergency arises while a pet is at our facility or participating in a service that we provide. It is imperative that we are immediately able to get them medical treatment at the closest available facility. We will call ahead to the veterinary offices in closest proximity geographically to us to insure they can handle the emergency present. Your pet will be rushed to the closest available facility for treatment and you will be notified. We notify the owner after we have secured a medical treatment center for the animal to avoid delays that may be caused by emotion on the part of the owner. Our goal is to get your pet medical attention as quickly as humanly possible, and any distractions may interfere with that process. For that reason, it is a requirement to have our pet parents sign this form.

I understand that in the event of a medical emergency that T&T DOG DAYCARE at its sole discretion deems to need the immediate attention of a licensed veterinarian. I authorize T&T DOG DAYCARE to seek medical attention at the closest available veterinary facility. I further agree that I am financially responsible for any medical treatment my pet(s) receives as a result of a medical emergency while attending services provided by T&T DOG DAYCARE.

Signature of Owner: _____ Date _____

Printed Name: _____



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VETERINARY INSTRUCTIONS AND RELEASE FORM

Pet's Name:

Description:

Age:

Medical conditions/medication:

Pet's Name:

Description:

Age:

Medical conditions/medication:

Pet's Name:

Description:

Age:

Medical conditions/medication:

If any of the pets named above becomes ill or is injured, I request that Wind River Tails and Trails take the pets to:

Veterinary Office Name:

Address:

Phone Number:

Alternate Veterinary Office Name:

Address:

Phone Number:

I give permission to Wind River Tails and Trails to approve treatment up to \$_____.

I will assume full responsibility upon my return for payment and/or reimbursement for veterinary services rendered up to the above stated amount.

If neither of the veterinary offices named above is available, I authorize Wind River Tails & Trails to take my pet/s to another veterinary office for treatment. I understand that Wind River Tails & Trails cannot be held responsible for the results of the veterinary treatment or the loss of my pet.

*This agreement is valid starting on the date below whenever **Wind River Tails & Trails** cares for my pets:*

Signature of Owner: _____ Date _____

Printed Name: _____

Pet Medical History

Owner's Name

Pet's name:

Address:

Home phone:

Alternate contact:

Date of birth:

Breed:

Work phone:

Email:

Phone:

Birthplace:

Sex:

Health Insurance

Veterinarian's Name

Address:

Phone Number:

Symptoms

Current Medications

Allergies

Previous Conditions

Previous Interventions

Immunizations

Date

Date

Date

DHLPP or proof of current TITRE

Rabies or proof of current TITRE

Bordetella

Wormed

Flea/Tick Prevention

Heartworm Prevention

Other