



Membership Application

Owner Information

Date _____

(Please Print)

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell _____

Email _____ Work Phone _____

Emergency Contact

Name _____ Phone _____

Please list other persons authorized to pick up your dog _____

Pet Information

Name _____ Breed _____

Sex _____ Age _____ Weight _____

Colors/Markings _____

Neutered/Spayed (at what age) _____

Veterinarian

Name _____

Address _____ Phone _____

General Information

How did you hear about Fort Fido? _____

How long have you owned your dog? _____

Where did you get your dog? _____

Fort Fido LLC

6908 27th St W, University Place, WA 98466

Phone (253) 460-0299 • Fax (253) 460-0241 • Email info@fortfido.com

www.FortFido.com

Behavior

Does your dog experience separation anxiety? Yes No

If yes, how does it manifest? _____

Describe how your dog gets along with other animals _____

How does your dog react to puppies? _____

Do visitors bring their dog(s) to your home? Yes No

If yes, how does your dog react? _____

Does your dog have any behavioral problems? Yes No

If yes, explain _____

Has your dog ever bitten someone? Yes No

If yes, what were the circumstances? _____

Has your dog ever climbed or jumped a fence? Yes No

If so, how high was it? _____

Where does your dog sleep? _____

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

Has your dog ever growled or snapped at anyone taking their food, water, or toys away?

Has your dog ever shared his or her food, water, or toys with other animals?

Does your dog play with other dogs? Yes No

If yes, what kind of dogs does your dog like? _____

Has your dog ever attended daycare before? Yes No

If yes, where? _____

Has your dog ever been boarded before? Yes No

If yes, how does he or she do away from home, out of your presence? _____

Why would you like your dog to attend daycare? _____

Health/Grooming

What food does your dog eat? _____

What restrictions, if any, need to be placed on your dog's activities or movements? _____

Does your dog have any allergies? _____

What Flea/Tick program is your dog currently on? _____

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

Please list any other comments or information about your dog, that may be helpful to us:



Release Form

I _____ release Fort Fido, LLC (Fort Fido) and its employees from any and all liabilities arising from my dog's(s) attendance at Fort Fido's Dog Daycare and Boarding facility. I understand that dogs can be unpredictable. I understand that when dogs socialize in open areas with other dogs, the possibility of injury does exist. I agree to assume all liabilities and expenses resulting from my pet's actions.

I understand that, although all dogs attending Fort Fido must be up to date on their vaccinations, my dog may still contract the occasional cough, snuffle, virus, or parasite.

I certify that my dog is in good health. I certify that my dog has not harmed or shown aggression towards any other animal or person. I understand that the safety and well-being of all dogs attending daycare is of great concern, and that Fort Fido reserves the right to refuse or rescind admittance to its facilities, for any reason whatsoever, at their sole discretion. I understand and agree, that if, in my absence, any problem (be it behavioral, a medical emergency, etc...) develops with my dog(s), Fort Fido and/or its employees will act on my behalf, to resolve the problem, at their sole discretion. I further agree to assume all responsibility for any expenses involved, with any problem that arises. I agree that the name and likeness of my dog may appear in print, video, or on the Fort Fido Website/Blog/Facebook/Instagram page, for promotional purposes.

I certify that I am the sole owner or agent of the owner, of my dog and that I am authorized to sign this contract. By signing below, I certify that I have read and agreed to the terms of the application and policies. I release Fort Fido from any and all liability whatsoever. I acknowledge that all policies and rates are subject to change at any time, without notice.

Signature

Print Name

Date

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