



CLIENT INFORMATION:

Client's Name (owner): _____

Street Address: _____

City, State: _____ Zip Code: _____

Email: _____

Cell Phone: _____ Alternate Phone: _____ Cell
 Home
 Work

Additional Owner Information: _____ Emergency Contact Information: _____

Name: _____ Name: _____

Email: _____ Email: _____

Phone: _____ Cell
 Home
 Work Phone: _____ Cell
 Home
 Work

Are you, or your spouse, Active Duty Military? Yes No

How did you hear about us? Please include the person's name, if referred:

INTERESTED SERVICES:

Check all that apply:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Shirlington Daycare | <input type="checkbox"/> Behavioral Assessment | <input type="checkbox"/> Board & Train | <input type="checkbox"/> Socialization |
| <input type="checkbox"/> Old Town Daycare | <input type="checkbox"/> Puppy Party | <input type="checkbox"/> Boarding | <input type="checkbox"/> Group Training |
| <input type="checkbox"/> Private Training | <input type="checkbox"/> Community Education | <input type="checkbox"/> Play School | <input type="checkbox"/> Workshops |

By submitting this document, registering for, and participating in any service provided by The Board Hound, the client as listed above, is acknowledging responsibility that the information provided is accurate and up to date, and that the published policy information has been reviewed at <https://theboardhound.com/policies/>. It is understood that The Board Hound policies and pricing are subject to change without notification. The client also acknowledges and understands the Release of Liability as it pertains to services rendered from The Board Hound to the client.

Print Client Name: _____ Dog's Name: _____

Client Signature: _____ Date: _____

Please complete pet information on page 2 and submit, with vaccines, to info@theboardhound.com



PET INFORMATION

Please complete this page for each dog belonging to the same family:

Dog's Name: _____ Dog's Birthday: _____

Primary Breed: _____ Secondary Breed (if applicable): _____

Colors/Markings: _____

Sex: Male Female Is your dog altered (spayed/neutered): Yes No

Emergency Hospitalization Maximum: \$ _____

Please indicate the maximum amount The Board Hound is authorized to charge to your account for veterinary treatment.

Daycare & Boarding Evaluation, or Training Consultation, day-of contact information:

Name: _____ Phone: _____

Contact Email: _____

I give permission for my dog to participate in services provided by The Board Hound and authorize The Board Hound to make the necessary decisions to prevent injury or illness, treat minor injuries, or seek veterinary care if needed.

Print Name: _____ Signature: _____

Administrative use only for Daycare & Boarding Evaluation

Registration Received Vaccines Received Evaluation Confirmed Questionnaire Attached

Evaluation Date: _____ Time: _____ Location: Shirl OT

Evaluation & Trial Day Notations

Check all observed behavior:

Urination BM H2O Intake Play Rest in suite Rest in daycare

RoofTop/Outdoor Play Approval (Manager Initial): _____

Additional Behavioral Notes:

Pass / Fail | Manager initial: _____