



Babette Webster
2409 Orange Ave.
Costa Mesa, CA 92627

Owner & Dog Information

OWNER Contact information:

Date _____

Name _____ For Phone #, indicate who's & hm, cell, wk

Name _____ Primary Phone # _____

Address _____ Secondary Phone # _____

City, State, Zip _____ Additional Phone # _____

E-mail _____ Driver's lic. # _____ Exp. _____ St. _____

How did you hear about **Beach City Bow Wow**? _____

EMERGENCY Contact:

Name _____ Phone# _____

Veterinarian Name _____ Phone# _____

Vet's Address _____

DOG Information: DOG #1

Name & Birth Date _____/____/____

Breed(s) _____ Weight _____

Spayed/Neutered? _____

How long have you owned? _____

Brand of food _____

Quantity fed & how many times a day? _____

Treats allowed? _____

Preferred treats _____

Medical:

Any medical problems? _____

Please describe _____

On medications? _____

Allergies? _____

Hip Dysplasia? _____

If yes, what limitations need to be placed on the dog's activities?

Current Flea preventative _____

Date last administered? _____

DOG #2

Name & Birth Date _____/____/____

Breed(s) _____ Weight _____

Spayed/Neutered? _____

How long have you owned? _____

Brand of food _____

Quantity fed & how many times a day? _____

Treats allowed? _____

Preferred treats _____

Any medical problems? _____

Please describe _____

On medications? _____

Allergies? _____

Hip Dysplasia? _____

If yes, what limitations need to be placed on the dog's activities?

Current Flea preventative _____

Date last administered? _____

Behavior:

Has your dog been in daycare before? _____

Has your dog visited a dog park? _____

If so, frequently? _____

Has your dog been trained? _____

Behavior problems? _____

Is your dog people or dog aggressive? _____

Allowed on furniture? _____

Has your dog ever done any of the following?

Growled at someone? _____

Bitten someone? _____

If so, please explain the circumstances _____

How does your dog act towards strangers? _____

Is there any 'type' of persons that trigger fear or aggression in the dog? If so, explain:

How does dog react to puppies? _____

Does dog like to play with other dogs? _____

Is dog dominant or submissive? _____

Is dog a fence climber or jumper? _____

Chewer? _____

Digger? _____

Barker? _____

Housebroken? _____

Toy protective? _____

Describe dog's favorite toys _____

Dog's favorite activities _____

Describe your dog's home sleeping arrangements: _____

Is there anything dog should be kept away from? _____

Any other important information we should be aware of? (Use back, if necessary)

All fees are payable upon drop off. Cash is preferred, checks must be made payable to *Babette Webster*

PET CARE SERVICE AGREEMENT



Babette Webster

2409 Orange Ave.

Costa Mesa, CA 92627

Pet Owner's Name(s): _____

Address: _____

Home Phone () _____ **Cell ()** _____ **Work ()** _____

Dog's Name: _____ **Age:** _____ **Breed(s)** _____

****All fees are due upon drop-off. Cash is preferred, please make checks payable to Babette Webster****

1. I understand that BCBW, 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 provided by BCBW and their staff or owner.
2. I further understand that BCBW, their owner, staff, 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 BCBW. I hereby release BCBW of any liability of any kind arising from my dog's participation in any and all services provided by BCBW.
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 BCBW by their sole discretion, and in their view as being in the best interest of the animal. I understand that I assume full financial responsibility and all liability for any and all expenses involved with the care and actions of my dog(s).
4. I further understand that there are risks and benefits associated with group socialization of dogs. I agree that if I choose this type of service for my dog(s), that I accept the risks and agree that the benefits outweigh the risks. I understand that even though the playgroup is closely monitored by BCBW staff, it is possible that during the course of play, my dog(s) may receive nicks, scratches, strained muscles, sore paws, and other maladies from rough play with other dogs. The staff of BCBW will make every attempt to point out any injuries or problems observed with my dog(s), at the end of the day.
5. I understand that by allowing my dog(s) to participate in services offered by BCBW, I hereby agree to allow BCBW to take photographs or use images of my pet in print or otherwise, for publication and/or promotion purposes.
6. I further understand that I am solely responsible, financially or otherwise, for any harm or damage caused by my dog(s) while they are participating in any services provided by BCBW.
7. I understand that if I do not return to, pick up my pet(s) or otherwise abide by my specified agreement in any separate contract with BCBW for pet care services, I hereby authorize BCBW to take whatever action is deemed necessary for the continuing care of my pet(s). I understand that I will be responsible for any costs incurred by BCBW and all fees due them in relation to my pet's care. I understand that the State of California has animal abandonment laws in effect, and I understand that BCBW has every right and obligation to abide by those laws. I understand that I will be responsible for any attorney and court fees associated with any action taken by BCBW in regards to recovery of fees, damages, or associated issues as a result of my acquisition of their services.

8. I understand that all payments are non-refundable.

Signature of Pet

Owner(s) _____ Date _____