

Healthy Hounds & Fat Cats Enrollment Form

(To be used ONLY if online agreement is signed)

****Please bring us copies of updated vaccination records whenever new ones are administered. ****

Human's Names (first & last)

1 _____ Cell Phone _____ Work _____

2 _____ Cell Phone _____ Work _____

Referred How? _____ (referrals = free day for the dog/parent who referred you!)

Dog's Name _____ **Breed** _____

When was the last time your dog snapped at, growled at, or bit a human _____

Explain _____

When was the last time your dog snapped at or bit another dog _____

Explain _____

Please circle the appropriate items regarding your dog:

Goes to daycare: regularly sometimes rarely never

Goes to Dog parks: regularly sometimes rarely never Plays with non-family dogs regularly

Has climbed/jumped a fence – when _____ height _____ Has dug under a fence

Can open gates Shies away or nips when head/neck are touched

Reaction to puppies? Happy to see them Go away I don't like you Indifferent

Reaction to strangers? Happy to see them Go away I don't like you Indifferent

Describe any behavior issues, idiosyncrasies or special sensitivities we should be aware of _____

Emergency Medical Treatment Plan

In case of a medical emergency we will make every attempt to reach you or your emergency contact by phone. You may also authorize treatment directly through your vet if they are within Durango City limits. For locals who choose to leave us a credit card for emergency treatments: this information will be kept in our locked filing cabinet. Please initial **ONE** of the following options:

____ I have contacted my vet clinic in Durango and have provided them with emergency instructions and payment information in the event that HHFC cannot contact myself or my emergency contact person. **We will always try to contact you first.** (recommended)

OR

____ If you do not have a local vet you may leave your credit card number with HHFC. We will use our discretion and will always err on the side of caution and advocate for the best care and comfort of your pet.

Maximum Amount per pet _____ Card # _____

Expiration _____ Code _____ Zip Code _____

Billing Address if different from Home Address _____

Customer's signature below binds Customer to all such statements and information provided in the Enrollment Form as listed on line. Paper copies are available on request. By signature below, Customer further agrees to provide HHFC notice of any changes in the above and on line information including contact information for pet owner, emergency contact, vet clinic, and people authorized to pick up your pet, as well as changes in health or behavior of the pet.

Signature: _____

Date: _____