

CARE CENTER

Looking For: Free Play Daycare/Boarding, Private Kennel, Day School or Grooming Owner Info

First Name	Last Name		Email Address	
Co-owner/Spouse Name	Home Phone		Cell Phone	
Street Address				
City	Province		Postal code	
Veterinarian information: Clinic Name:		Clinic Phone:		
Dog(s) in our care may be photographed. This footage is the property of Chasin' Tails and may be used in its online publications or other marketing. Initials:				

Emergency Contact Information [Someone other than yourself who you authorize and trust to make medical/financial decisions in your absence]

Emergency Contact Name (Required)	Emergency Contact Phone
Emergency Contact Email	Is there anyone, other than yourself authorized to pick your dog?

Canine Information

Dogs Name:	Breed:	Color:	Gender:	
			M or F	
Date of Birth: (approx.)	Spayed or Neutered:			
	Yes or No			
Chasin' Tails always war	ts to ensure your dog is ha	ppy within the facility and	that we are still able to	
care for your dog throug	hout its life. We at Chasin'	Tails reserve the right to r	eassess your dog at any	
time to ensure your dog	's health and behavior is st	ill at a stage in which we a	re the right facility to	
care for them: Initia	l			
Throughout your dog's stay Chasin' Tails will always ensure the utmost safety and care is taken,				
however minor cuts or scratches are possible due to the nature of dog's play. There is no guarantee				
that a more serious incident may not occur. With your dog being in the facility, transmittable diseases				
can happen such as Canine Cough, Lice, Papilloma's, etc. Chasin' Tails will always ensure all dogs are				
checked; however Chasin' Tails cannot be held liable: Initial				

Vaccination Due date (Staff Use Only)		
Bordetella:	DHLPP:	Rabies:	

Feeding Information

Chasin' Tails has specifically selected a premium all life stages food to offer to its boarding clients. Our feeding protocols are based on our house diet. This includes what steps to take in the event a dog does not eat, or has digestive upset. Our guests are welcome to bring their own food and treats during their pets stay; however, please do not add daily medication or supplements to the meals. We like to prepare that for each administration.

Will your dog be eating:	House Blend or Own food	d		
All own food must be inc	lividually bagged per mea	I with 1-2 days' worth of extra foc	d. Bags s	hould be
labeled with dogs name	and owners last name			
Eating Habits: (For exam	ple, grazer, gorger, food a	aggression)		
Does your dog have a healthy appetite? (Explain If no)			Yes	No
Is your dog on its own food for a medical or allergy concern?				No
List of Allergies?				
Are we authorized to use the house blend food? (pork and root vegetable)			Yes	No
Are we authorized to use a poultry free wet food as an appetite encourager?			Yes	No
Is your dog prone to loose stool or vomiting? (Explain If Yes)			Yes	No
Are we authorized to use treats for relationship building or appetite encourager?			Beef l	₋iver ıt Butter
Feedings Amount:	Feedings per day:	Use a slow feeder when feeding? Yes No		

Please list below 3 items or treats you feed that your pet would never turn away

1.	2.	3.

Dogs on own food may still experience a transitional diarrhea coming into a new environment.

Are we authorized to use pumpkin in the event of digestive upset?		
Are we authorized to use a high calorie glucose paste in the event of prolonged		
diarrhea or missed meals?	Y	Ν
Are we authorized to use Gastrointestinal formula in the event of prolonged		
digestive upset? (Chicken Based)	Y	Ν
Please note: If your dog is experiencing prolonged diarrhea, it is at the discretion of	Chasin' T	ails if
Fortiflora becomes necessary to ease symptoms. This is subject to a \$2 fee per use.		
Initial		

*Please note we do not accept rawhide or raw bones due to potential impaction risk. We will accept poultry necks or animal trachea.

Does your dog have any Medical Conditions?		Ν
Medical Form has been filled out? (Only needed if they have medical conditions)	Υ	Ν
If deemed necessary by management, do you authorize a sanitary shave, eye		
shave or nail trim if we find this is impeding the dog's health	Y	Ν

Known Triggers: (collar, nails, feet, other dogs, etc.) Please give details of behaviour

Mental Stimulation and Rest Time

Throughout your dog's stay the Canine Coordinators will determine rest breaks for your dog to ensure positive mental health is achieved and play time is fun for your dog. This may involve your dog having time to themselves in their own kennel to sleep and/or decompress. **Initial_____**

Whether your dog is staying in a private accommodation for it's full stay or has been moved to private accommodations due to medical, behavioural, or rest, your dog will be offered four let outs for bathroom breaks and a play time in one of my play areas with a toy provided. Chasin' Tails offers 24/7 monitoring and continuous checks on our private accommodation dogs.

Chasin' Tails provides mental stimulation toys during your dogs stay. The Bionic toy or feeding puzzle will be provided to my dog for 2 hours during the day.

Do you approve the following?

yes no	Bionic toy with	Peanut butter	Own Raw Food	(Free of Charge)
yes no	Puzzle Feeder	Own food	House blend	(Free of Charge)

Mental Stimulation Add-on program

Throughout your dog's stay Chasin' Tails may be requested your dog to join our mental enrichment addon program. We may request this for a variety of reasons such as kennel stress, long term stays, mental health, or to aid in your dogs' comfort in being in our facility. Your dog's mental health has and always will be our top priority. The add-on itself will include two sessions per day which will include but limited to nose games, flirt pole, ball time, walk and working on any behaviors which may need addressed.

Multiple Dogs in one kennel waiver (This only applies if dogs are from the same home): Yes or No I recognize and accept that by having my dogs be put in a private kennel together means that they will be playing and interacting with each other. It is at the discretion of Chasin' Tails staff and management should they feel that the dogs need to be separated into different kennels due to behavioral or health issues. If the dogs need to be separated, they will still receive their outside and play times together at the discretion of Chasin' Tails. Chasin' Tails will feed and provide mental stimulation toys in separate feeding kennels to ensure food aggression or resource guarding does not occur.

Initials____

Chasin' Tails Dog Care Center agreement and waiver form

Chasin' Tails Inc. is a full dog care facility that includes the following:

- Open care
- Private kennels
- Daycare
- Boarding
- Training
- Grooming
- Veterinarian onsite
- Retail/Food
- 24/7 CCTV
- Daily nose to tail health check for boarding dogs
- Water park

I understand I am fiscally responsible and liable for all above services listed.

Chasin' Tails Inc. has a training policies manual(s) that describes all our above services at the front desk.

By signing this waiver, I understand that I will be responsible for the actions if my dog causes any damages whatsoever, including but not limited to damage or injury to other dogs, people, or objects while under the supervision of Chasin' Tails Inc. and the costs of said damage upon departure/incident/event.

Within 5 days (under the Animal Protection Act) after its scheduled pick update, and after reasonable attempts to contact the owner or emergency contacts, Chasin' Tails may seek out aid from the Calgary Bylaw Services and deliver my dog(s) to a peace officer or animal shelter. I release Chasin' Tails, its staff, owners, representatives, and agents from further liability and responsibility of my dog(s).

I understand that in order to provide care, it may be necessary to take my dog(s) out of the facility, and although many precautions are taken, I do not hold Chasin' Tails responsible for circumstances beyond their control.

In case of an emergency, or sickness, as so determined by management of Chasin' Tails Inc., if myself, or the emergency contact given is unreachable, I hereby give consent to Chasin' Tails Inc. management to seek emergency care at any accessible vet clinic or animal emergency hospital as necessary.

Should we not be able to make contact, Chasin' Tails requires a mandatory \$500 minimum authorized for urgent medical procedure. Please indicate if you would like a higher authorized amount \$_____.

Please initial & acknowledge.

Although Chasin' Tails carefully screens all applicants, dog daycare is not always an appropriate environment for every dog. Refusal of above services is upon our discretion.

I, ______, agree and warrant that by signing this agreement and waiver I have read and agree to and understand all of its terms as the legal owner or agent for the owner of the dog(s) described in this Registration form. I understand I am fiscally responsible and liable for all above services listed.

Signature:	ø	Date:	