

# PUPPY LOFT ENROLLMENT APPLICATION

TODAY'S DATE: \_\_\_/\_\_\_/\_\_\_

Checklist BEFORE your pup's first day with us

- ☐ ENITRE application filled out (including credit card info and all necessary signatures/initials)
- ☐ Vaccination record included showing pup was vaccinated for Distemper combination, Rabies, Bordetella (Kennel Cough) and 6+ month old have been spayed/neutered
- ☐ Required in-person meeting with Puppy Loft staff (dog present)
- ☐ Application, Vaccination records and in-person meeting completed 1 day prior to first day

## PET PARENT INFORMATION

### *First Responsible Party*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Unit/Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

### *Spouse/Partner*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(if same as above just put "Same") Unit/Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

## AUTHORIZED/EMERGENCY CONTACT PERSON

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Other people authorized to pick up my pet: \_\_\_\_\_

# ENROLLMENT APPLICATION

## PET INFORMATION

*Please fill out this page for each pet*

Name: \_\_\_\_\_

Gender (Circle One): Female Male

Is your pet spayed/neutered (Circle One)? Yes No

Breed: \_\_\_\_\_ Color/Markings: \_\_\_\_\_

Weight: \_\_\_\_\_ Birthday or Adoption Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## DOG'S BACKGROUND

Please describe any medical conditions or allergies that your dog has:

\_\_\_\_\_

Please list all medications:

\_\_\_\_\_

Please describe your dog's food and any special dietary instructions (include brand of food and amount):

\_\_\_\_\_

Has your dog been vaccinated for Rabies, Distemper, Parvovirus and Kennel Cough? You must provide proof of these Vaccinations from your Veterinarian to Puppy Loft.

\_\_\_\_\_

My dog plays best with:

\_\_\_\_\_

My dog is best described as:

\_\_\_\_\_

A few of my dog's favorite things:

\_\_\_\_\_

Has your dog ever displayed aggression (i.e. over toys or food, towards people or other pets)?

\_\_\_\_\_

Is there anything special that we need to know about your pet (i.e. Special Behavioral Concerns, Can Climb Fences)?

\_\_\_\_\_

## VET INFORMATION

Hospital Name: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_ Website Address: \_\_\_\_\_

## ENROLLMENT APPLICATION PAYMENT AUTHORIZATION

Type of Card (Circle One): VISA Mastercard Amex Discover

Name (as it appears on card): \_\_\_\_\_

Card Number: \_\_\_\_\_

CVV (Last 3 Digits on the back of the Visa, MC, or Discover, 4 Digits Printed on Front of Amex):

\_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

Billing Address (if same as listed on Page 1 just put "Same"):

Address: \_\_\_\_\_ Unit/Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

By signing below,

- (1) I acknowledge that the information I have provided on this application is true and correct.
- (2) I hereby authorize Puppy Loft Inc. to charge any balance for any services on my account that are "Past Due" and acknowledge that all payments are due when services or products are rendered.
- (3) I also acknowledge with my signature that this is a valid authorization for Puppy Loft Inc. to charge the above listed credit card or any other card submitted to Puppy Loft Inc. for services or products that are rendered according to the policies of Puppy Loft Inc.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## CLIENT AND RELEASE OF LIABILITY AGREEMENT

*Please initial next to each statement and sign below*

\_\_\_\_\_ I hereby hold harmless and indemnify Puppy Loft Inc. , its agents, officers, sub-contractors, employees, pet owners, customers, and potential customers (Indemnified Parties) from any and all liabilities, financial or otherwise, for injuries to myself, my pet(s), or any other property of mine which may arise from services that are rendered by The Puppy Loft Inc. or as a consequence of my association with Puppy Loft Inc. except to the extent caused by gross negligence, bad faith, or intentional misconduct of the Indemnified Parties.

In consideration of the services rendered by Puppy Loft Inc., I agree to assume any all liability financial or otherwise, for the behavior and health of my pet arising in connection with such services. I waive any and all claims, actions, or demands of any nature, either foreseen or unforeseen, that I may have against Puppy Loft Inc. relating to the care, control, health, and safety of my pet arising in connection with the services that are rendered by The Puppy Loft Inc. except to the extent caused by gross negligence, bad faith, or intentional misconduct of the Indemnified Parties.

\_\_\_\_\_ I hereby authorize Puppy Loft Inc., its agents, officers, sub-contractors, and employees to do whatever they deem necessary for the safety, health, and well-being of my pet while under the care of Puppy Loft Inc.

\_\_\_\_\_ By signing below, I acknowledge that I have read this agreement and release of liability in its entirety and agree to the terms. This agreement shall be binding for every time services are rendered by Puppy Loft Inc. on my behalf.

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Signature

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Date