



# Application

**Owner Information:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Email \_\_\_\_\_

**Emergency Contact (should we not be able to contact the owner):**

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Vet Information:**

Veterinarian/Clinic \_\_\_\_\_ Vet Phone \_\_\_\_\_

**Dog Information:**

Dog's Name \_\_\_\_\_ Breed/ Description \_\_\_\_\_

Age/Date of Birth \_\_\_\_\_ Spayed/Neutered? \_\_\_\_\_

How long have you owned your dog? \_\_\_\_\_

Where did you obtain your dog? \_\_\_\_\_

If adopted or rescued, do you have any knowledge of its past (i.e. Neglect or abusive home? Lack of socialization?)

Does your dog have any pre-existing medical conditions injuries or allergies? (hip dysplasia, ACL tear, etc.)

Is your dog on any medications? If yes, please list. \_\_\_\_\_

Does your dog have any physical limitations? \_\_\_\_\_

Has your dog ever attended daycare or a dog park? Where? \_\_\_\_\_

Are there any types of people, dogs or situations your dog automatically fears or dislikes? (Men, Boxers, fireworks, etc.)

Has your dog ever growled at or bitten a person or another animal? If yes, what were the circumstances?

Is your dog sensitive about any parts of its body?

Is your dog possessive with food, toys or objects?

What is your dog's training history?

Has your dog ever jumped a fence? What kind? How high? \_\_\_\_\_

Are there any other needs or issues you feel we should be aware of?

Which Puppy Playground location do you anticipate using most? 65<sup>th</sup>& Binford \_\_\_\_\_ Avon \_\_\_\_\_ Both \_\_\_\_\_



## **Puppy Playground Waiver and Release Form**

I understand that I am solely responsible for any harm caused to or by my dog(s) while my dog(s) is/are the care of Puppy Playground, LLC.

I also understand and agree that in admitting my dog(s), Puppy Playground, LLC has relied upon my representation that my dog(s) is/are in good health and have not harmed, shown aggression or threatening behavior towards any person or animal at any time.

I further understand that due to the way dogs interact and play with one another, cuts, nips, illnesses and scratches can occur even though the dogs are supervised at all times.

While my dog(s) is/are in the care of Puppy Playground LLC, if I am unreachable in the event of an emergency, I hereby authorize Puppy Playground LLC, its agents, employees and/or representatives to seek immediate veterinary care for my dog(s). I understand that all costs in connection with veterinary, medical or other treatment, shall be my sole responsibility.

I hereby release and agree to hold harmless Puppy Playground LLC, its owners, directors, officers, members, employees and agents from any and all liability, claims, suits, actions, loss, injury or damage of any nature or kind, or for any liability, claims, suits, actions, loss, injury or damage which I or my dog(s) may sustain or which may be caused in any way by my dog(s). I specifically, without limitation, agree to fully indemnify Puppy Playground, LLC, Schmoll Development Company, L.P., and Rockville Road Partners for any and all such liability, claims, suits, actions, losses, injury or damage. I specifically agree to indemnify and hold harmless Puppy Playground LLC as to any loss, cost, claim, injury, damage or liability, sustained or incurred which is caused by an act or omission, whether negligent, intentional or otherwise, of an employee, representative, or agent of Puppy Playground, LLC.

I understand that if my dog(s) display aggressive behavior, for the safety of other dogs and the employees of Puppy Playground, that my dog may be corrected and/or confined to a kennel until he/she can be picked up. Puppy Playground reserves the right to permanently remove any dog at any time and refuse admittance to any dog(s) which do not meet the health and temperament requirements which include, but are not limited to inoculations for distemper, bordetella, rabies and flea and heartworm prevention.

I certify that I have made full disclosure and have read, understand and accept the terms, conditions and statements in this agreement. Furthermore I acknowledge that this agreement shall be effective and binding upon parties.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date