

**Please print and call for an evaluation (650) 365-5600**

**You may also send us the application in advance:**

By fax to (650) 365-5606

By e-mail to [woofsandwigglesinc@gmail.com](mailto:woofsandwigglesinc@gmail.com)

By mail to 840 Sweeney Avenue, Redwood City, CA 94063

## **Woofs & Wiggles, Inc.**

Woofs & Wiggles, Inc. strives to provide a safe, fun, and stimulating environment for dogs. To ensure the safety and health of your pet and our other guests, we require all guests to comply with our following rules and regulations.

**Age:** All dogs must be at least 10 weeks of age. A soft collar with current I.D. is mandatory.

**Sex:** All dogs older than six months must be spayed or neutered.

**Shots:** All dogs must have up-to-date vaccinations. Owners must be able to submit written proof of their dog's Rabies, DHLPP and Bordetella vaccinations. (Rabies vaccinations are required for dogs over 4 months of age.)

**Health:** All dogs must be in good health; upon admission, all dogs must be free from any condition that could jeopardize other guests. Owners will certify their dog(s) are in good health and have not been ill in the last 30 days. Dogs that have been ill with a communicable condition in the last 30 days will require veterinarian certification of health to be admitted or readmitted.

Owners must maintain a flea control program for their dog(s) while attending Woofs & Wiggles, Inc.

**Behavior:** All dogs *must* be non- aggressive, and not protective of food or toys. Owners must certify that their dog(s) have not harmed any person or any other dog, and have not shown any aggressive or threatening behavior towards any person or any other dog(s). Your dog will be interacting with other dogs throughout the day and the safety and health of all animals and persons is our main concern.

**Risks:** One of the reasons you have chosen Woofs & Wiggles, Inc. to care for your dog is the socialization aspect of our facility. The exposure of your dog to other dogs creates a chance of injury or the development of illness. It is our promise to take precautions to reduce this risk but no facility can eliminate the risks completely. Common injuries can include sore feet, joints, muscles, minor nicks and scratches. Common illnesses can include diarrhea and minor respiratory infections.

**Application:** All dogs must have a complete, up-to-date and approved application on file.

**Days and Hours:** Monday through Friday from 7 a.m. to 7 p.m.

Saturday 9 a.m. to 10 a.m.

Sunday 4 p.m. to 5 p.m.

**Reservations:** Reservations are recommended

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## **Contact Information**

### **Owner Information**

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

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

\_\_\_\_\_

### **Contact Information**

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

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

### **Emergency Contact**

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

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

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## **Pet Information and Personality Profile**

### General Information

How did you hear about Woofs & Wiggles? \_\_\_\_\_

Dog's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Sex: \_\_\_ Weight: \_\_\_\_\_

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

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

If adopted, do you have any knowledge of your dog's past history? \_\_\_\_\_

Is your dog Spayed/Neutered? \_\_\_\_\_ If yes, at what age was this done? \_\_\_\_\_

Does your dog like children? \_\_\_\_\_

How does your dog behave around children? \_\_\_\_\_

Are there other animals in your household? If so, please list type, sex and age of each:

\_\_\_\_\_  
\_\_\_\_\_

How does your dog get along with your other resident animals? \_\_\_\_\_

\_\_\_\_\_

What brand of food do you use? \_\_\_\_\_

Does your dog have any food allergies? \_\_\_\_\_ If so, to what food(s)?

\_\_\_\_\_

Does your dog take any maintenance medication(s)? \_\_\_\_\_

Is your dog comfortable sleeping in a crate? \_\_\_\_\_

Where does your dog routinely sleep? \_\_\_\_\_

Vet Name: \_\_\_\_\_ Contact Info: \_\_\_\_\_

\_\_\_\_\_

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## **Health and Grooming**

Does your dog have a problem with fleas? \_\_\_\_\_

Does your dog have allergies? \_\_\_\_\_

Does your dog have hip dysplasia? \_\_\_\_\_ If yes, what restrictions need to be placed on your dog's activities and movement? \_\_\_\_\_

Does your dog like to be brushed? \_\_\_\_\_

How often do you brush your dog's coat? \_\_\_\_\_

How does your dog react to bathing? \_\_\_\_\_

How does your dog react to having his/her nails clipped? \_\_\_\_\_

Does your dog have any sensitive areas on his/her body?

\_\_\_\_\_

Where are your dog's favorite petting spots? \_\_\_\_\_

## **Behavior**

Does your dog act afraid of any specific items or noises? If so, please explain: \_\_\_\_\_

\_\_\_\_\_

How does your dog react to strangers coming into your home or yard?

\_\_\_\_\_

Does your dog ever bark or growl at anyone passing outside your home or yard?

\_\_\_\_\_

Are there any kind of people your dog fears or dislikes?

\_\_\_\_\_

Are there any kind of dogs your dog fears or dislikes?

\_\_\_\_\_

How does your dog react to puppies? \_\_\_\_\_

Has your dog ever: Growled at someone? \_\_\_\_\_ what were the circumstances?

\_\_\_\_\_

\_\_\_\_\_

Client's Initials \_\_\_\_\_

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Has your dog ever bitten someone? \_\_\_\_\_ what were the circumstances?

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Does your dog have any problems in the following areas? (if so, please explain)

Play-biting \_\_\_\_\_

Climbing \_\_\_\_\_

Housetraining \_\_\_\_\_

Barking \_\_\_\_\_

Digging \_\_\_\_\_

Ignoring commands \_\_\_\_\_

Has your dog ever growled or snapped at anyone who has taken his/her food or toys away from him/her? \_\_\_\_\_ If so, what were the circumstances? \_\_\_\_\_

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Has your dog ever shared his/her food or toys with other animals? \_\_\_\_\_

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Does your dog play with toys? \_\_\_\_\_

What type of toys does your dog like and what games does he/she like? \_\_\_\_\_

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Does your dog play with other dogs? \_\_\_\_\_

Has your dog ever had any formal obedience training? \_\_\_\_\_ If yes, when and where? \_\_\_\_\_

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What commands does your dog know? \_\_\_\_\_

Does your dog know any tricks? \_\_\_\_\_

Other comments about your dog which you feel might be helpful:

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### **Medical Release**

At Woofs & Wiggles, Inc.'s discretion, if your dog is in need of veterinary care, we will make every effort to contact you. If you are unable to pick up your dog we will take your dog to a licensed veterinarian. If your veterinarian is located nearby we will make every effort to have your dog taken there. If your veterinarian is unavailable, or we determine that your dog needs immediate care, we will take your dog to our on-call veterinarian or nearest emergency veterinary hospital.

I \_\_\_\_\_, give permission for Woofs & Wiggles Inc., to act as my agent in the event that my dog needs medical attention. I agree that I will be responsible for all costs of any veterinary care deemed necessary. In the event of a medical emergency, I authorize Woofs & Wiggles, Inc. to have my dog treated by my dog's veterinarian or a veterinarian of Woofs & Wiggles Inc.'s choosing. I will pay for all costs of care and treatment.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Day-time phone number \_\_\_\_\_

Cell phone \_\_\_\_\_

Regular veterinarian \_\_\_\_\_

Veterinarian's phone number \_\_\_\_\_

Dog's name \_\_\_\_\_

\_\_\_\_\_

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### **Indemnity Provision**

I shall defend, indemnify and hold Woofs & Wiggles, Inc. its officers, directors, agents and/or employees, exempt and harmless from any and all claims, damage or injury to any person or the dog(s), and other property of any person, arising from my dog(s) attendance and participation at Woofs & Wiggles, Inc. and shall further indemnify, and hold harmless Woofs & Wiggles, Inc. its officers, directors, agents and/or employees, from and against any and all claims arising from any breach or default in the performance of any obligation on my part to be performed under the terms of this agreement, and from and against all costs, attorney's fees, expenses and liabilities incurred in the defense of any such claim or any action or proceeding brought thereon; and in case any action or proceeding be brought against Woofs & Wiggles, Inc. its officers, directors, agents and/or employees by reason of any such claim, I shall, upon written notice, defend the same at my expense by counsel satisfactory to Woofs & Wiggles, Inc. I, as a material part of the consideration to Woofs & Wiggles, Inc. hereby assume all risk of damage to property or injury to persons and/or dog(s) arising from any cause and I hereby waive all claims in respect thereof against Woofs & Wiggles, Inc.

### **Limit of Liability**

Should Woofs & Wiggles, Inc. its officers, directors, agents and/or employees, become obligated to me for any reason, their combined liability shall never exceed Fifty Dollars (\$50.00).

### **Refusal of Service**

Woofs & Wiggles, Inc. reserves the right to refuse service to any owner and/or dog at any time, without cause or justification.

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

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Witness \_\_\_\_\_ Date \_\_\_\_\_

Name(s) of Dog(s) Proof of Vaccinations

\_\_\_\_\_ Rabies \_\_\_\_\_

\_\_\_\_\_ DHLPP \_\_\_\_\_

\_\_\_\_\_ Bordetella \_\_\_\_\_

\_\_\_\_\_ **Attach Record**