



WOOF!

News & notes from Gemini Dogs

training • doggie daycare • boarding • grooming

It's time to update our records...Please complete and return this packet as soon as possible.

Dog Name: _____ Breed: _____

Date: _____ Spayed/Neutered: ___Yes ___No

Emergency Contact Info

Please list all phone numbers where you, your partner/spouse, and your emergency contact can be reached:

Your Name: _____ Cell: _____ Work: _____ Home: _____

Spouse/Partner: _____ Cell: _____ Work: _____ Home: _____

Emergency Contact: _____ Cell: _____ Work: _____ Home: _____

Your Email Address: _____

Additional Persons Authorized for Pick Up: _____

Veterinarian

Please confirm which animal hospital your dog is currently a client of: _____

Medical Conditions

Does your dog have a heart murmur or other heart condition? ___No ___Yes What grade/condition is it? _____

Does your dog have a history of seizures? ___No ___Yes What frequency? _____

Is your dog prone to stomach upset? ___No ___Yes Explain _____

Has your dog had any surgeries? ___No ___Yes _____

Does your dog have a history of eye issues? ___No ___Yes _____

Is your dog hard of hearing? ___No ___Yes Hard of seeing? ___No ___Yes

Does your dog have any allergies? (please list): _____

Does your dog have any other known medical conditions or physical abnormalities? ___No ___Yes (explain below)

Extraordinary Measures

There are rare occasions when a dog is in our care and the unforeseen happens; the dog suffers a massive stroke, for example, or the dog suddenly collapses and the emergency vet wants to run bloodwork or perform an ultrasound to better assess the situation. In very rare cases, such as bloating or possible internal bleeding, a dog requires an immediate surgical procedure to save its life. We always try to reach you and your emergency contact(s) if a situation such as this occurs, but if neither person can be reached and we are left with no choice but to make a decision for you... what would you like us to do? **Please choose one option.**

Do whatever you would do if it was your own dog Signature: _____

Do the minimum diagnostics that the vet needs to do to obtain a better understanding of the situation. Signature: _____

Do whatever the vet thinks is absolutely necessary to keep my dog comfortable until I can be reached, but do not perform any diagnostics, unless they are required to save my dog's life. Signature: _____

Please know that we always stay with your dog during times like these...we will be there when you cannot.

Behavior

Have you noticed any recent behavior changes in your dog? No Yes (explain below)

Has your dog experienced any changes to their routine? *e.g. new house, new baby, etc.* No Yes (explain below)

Feeding

Dry Brand: _____ Quantity: _____ Frequency: AM NOON PM

Wet Brand: _____ Quantity: _____ Frequency: AM NOON PM

Special Instructions: _____
Please note whether you add warm water, mix in wet food, yogurt, pumpkin, etc.:

Medications

Is your dog currently taking: Heartworm Preventative Flea/Tick Preventative

Is your dog currently taking any other medication or dietary supplements? No Yes (list below or attach a list)

Medication: _____ Dosage: _____ Frequency: _____
Administration (i.e., in cheese): _____ for Treatment of: _____

Medication: _____ Dosage: _____ Frequency: _____
Administration (i.e., in cheese): _____ for Treatment of: _____



WAIVER OF LIABILITY AND INFORMED CONSENT

I understand that the behavior of dogs cannot be guaranteed. I also understand that the behavior of domestic animals is sometimes unpredictable and that some domestic animals are capable of inflicting serious personal injury or death, as well as extensive property damage. Knowing the risks, I agree to assume ALL those risks including, but not limited to; assuming the financial responsibility of any possible litigation arising from any incident in which I or my dog(s) may be involved. I release, indemnify, and hold harmless Gemini Dogs, Inc., Michelle Allen, Penny Allen, and their Employees, Officers, Directors, Agents, or Contractors from any and all damages or personal injury. Any incident involving myself, the location, or those pets, or actions of other participants and spectators will be my sole responsibility and I assume all financial liability and will also assume all and any financial costs associated with my actions and those of my dog(s).

Initials: ()

In addition to the above, I understand that participating in dog training classes, private lessons, doggie daycare, overnight boarding, grooming, and on-site tours, even as a spectator, holds some risk. My dog and I may be exposed to a variety of potentially harmful situations and accept all possible risks associated with participating or observing any type of activity, training, practice, event, or competition, as well as my dog participating in activities without my presence. I agree to hold harmless Gemini Dogs, Inc., Michelle Allen, Penny Allen, and their Employees, Officers, Directors, Agents, or Contractors including, but not limited to, the business location's agents or owner and to accept responsibility for all litigation and financial obligations arising from any unforeseen event in which I may be involved.

Initials: ()

I further grant permission to Gemini Dogs, Inc., Michelle Allen, Penny Allen, and their Employees, Officers, Directors, Agents, or Contractors permission to transport my dog to the emergency veterinarian of their choice should a medical emergency occur while my dog is in their care, and I grant them the ability to make emergent decisions regarding the care of my dog should I, my spouse/partner, or my emergency contact be unavailable at the time.

Initials: ()

I have read, understand and agree to the above:

Name (Print)

Signature

Name (Print)

Signature

Date

Name of dog(s) at location