

FDF Canine Services
15551 County Rd 675
Parrish, FL 34219
P: 941-281-5361 || Email: fosterdogfarms@gmail.com

Guest Information Sheet

Drop off date: _____ Drop off time: _____
Pick up date: _____ Pick up time: _____

Owner's Name(s) _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Do you use your cell phone for texting? Yes No

Home Phone: _____

Email: _____

How did you hear about Foster Dog Farms? _____

Emergency Contact (Someone other than owner(s)):

Name: _____ Phone: _____

Dog Information

Name of Dog: _____ Name of Dog: _____

Breed: _____ Breed: _____

Male Female
 Spayed / Neutered

Male Female
 Spayed / Neutered

Weight: _____ Color: _____
Age: _____

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Age: _____

Does your dog have a microchip? Yes No

If yes, Brand & Number: _____

Veterinarian's Name/Clinic: _____ Phone: _____

Vaccination/Medical History

PLEASE PROVIDE A HARD COPY OR EMAILED COPY OF VACCINATION RECORDS FROM YOUR VETERINARIAN

We require Bordetella, Rabies, and Distemper combo (DHPP) vaccines.

**Please note: If fleas are found on your pet FDF Canine Services will provide flea treatment at owner's expense.*

Is your dog displaying any unusual symptoms such as coughing, sneezing, or upset stomach? Yes No

Are there any restrictions that need to be placed on your dog's physical activities or movements? Yes No

If yes, please explain: _____

Has your dog ever exhibited aggressive behavior towards people? Yes No

If yes, please explain:

Has your dog ever been involved in an altercation with another dog? Yes No

If yes, please explain:

Does your dog board well? Yes Never Boarded No If no, please explain:

What kind of food does your dog eat (Brand/Main Protein)?

How much & often (i.e.: 2cups 2x/day)? _____

Eats all food at mealtime Nibbles throughout day

Goes for periods without eating Sometimes requires more palatable food to be mixed in to eat
(**If your dog is used to or needs wet food or toppings please bring enough for the duration of their stay)

Is your pet on any daily medications/supplements? Yes No

If yes, please list medication name and dosing instructions: _____

Does your dog have any food allergies? Yes No please explain _____

Is your dog permitted to have any treats or peanut butter during his/her stay? Yes No

Does your dog eat or chew on his bedding? Yes No

Please list all belongings staying with your pet(s) Ex. Leash, Collar(s), Harness, Food Bag/Bin

** Please bring enough food for the duration of their stay. We do provide water buckets, food bowls and bedding during their stay.

FDF Canine Services Policies

*** Please Read and Initial Each Section ***

Emergency Medical Care: If, in our judgment, your dog requires immediate medical care and we are unable to reach you, we will take your dog to a veterinarian or animal hospital.

____ By initialing here, you agree to be solely responsible for the payment of all medical bills for your dog and you release Foster Dog Farms, its officers, directors, agents, volunteers, and employees of and from any and all responsibility for, or claims, damages, debts, arising out of or related to such medical care, including, but not limited to, transportation to/from the veterinary clinic and choice of veterinarian and animal hospital.

____ FDF Canine Services reserves the right to immediately change your dog's type of training/ boarding/daycare if we believe it is necessary to protect the health and well-being of your dog, other dogs, or our staff.

____ All dogs must be healthy, and current on all vaccinations. You will be required to bring a copy of your dog's updated vaccination records from your vet before you start daycare or board with us to ensure your dog's safety as well as that of our existing FDF Canine Services..

____ If your dog is exhibiting any symptoms that may suggest illness such as sneezing, coughing, wheezing, runny eyes or nose, vomiting, lethargy, or diarrhea, please do not bring your dog to daycare or boarding.

____ I acknowledge and understand that there are certain risks involved in training, daycare and/or boarding, including but not limited to dog fights, dog bites to humans or other dogs, and the transmission of disease. Any medical expenses will be my responsibility and I release FDF Canine Services of any charges.

____ All charges must be paid in full upon pick-up of your dog. Dogs left five days beyond the agreed pick-up date with no contact from owner(s) will become property of FDF Canine Services.

____ We accept cash, check (made payable to FDF Canine Services. Please note, there is a \$25 returned check fee), Square, and Venmo. Payment is due upon pickup of your dog. FDF Canine Services reserves the right, without notice, to adjust its fees for services.

By submitting this form,

- a. ____ You indicate your agreement with all the terms listed hereof,
- b. ____ You release, indemnify, and agree to hold FDF Canine Services harmless from any and all manner of damages, claims, loss, liabilities, costs or expenses, causes of actions or suits, whatsoever in law or equity, (including, without limitation, attorney's fees and related costs) arising out of or related to the services provided by FDF Canine Services, except which may arise from the sole gross negligence or intentional and willful misconduct of FDF Canine Services, including, without limitation, (i) any inaccuracy in any statement made by yourself or information provided by you to FDF Canine Services, (ii) your dog, including but not limited to destruction of property, dog bites, injury, and transmission of disease, and (iii) any action by yourself which is in breach of the terms and conditions of this agreement.
- c. ____ This agreement covers the current relationship between FDF Canine Services and yourself. Each time you bring your dog to FDF Canine Services, you affirm the terms of this Agreement, and the truthfulness and accuracy of all statements you make in this Agreement.

Signature

Date