



# Registration Form - All Fields Required

## Tell us about yourself

Name \_\_\_\_\_ Address \_\_\_\_\_ Apt \_\_\_\_\_  
Additional Parent Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Personal Email \_\_\_\_\_ Alternate Email \_\_\_\_\_  
Additional Emergency Contact(s) \_\_\_\_\_ Phone \_\_\_\_\_  
Who else is authorized to drop off/pick up your dog? \_\_\_\_\_ How did you hear about us? \_\_\_\_\_  
Instructions in case of emergency \_\_\_\_\_  
\_\_\_\_\_

## Tell us about your dog

Name \_\_\_\_\_ Breed \_\_\_\_\_ Birth date \_\_\_\_\_ Sex: Male Female  
Weight \_\_\_\_\_ Color \_\_\_\_\_ Spayed/Neutered: Yes No (If unsprayed, date of last cycle: \_\_\_\_\_)  
Does your dog get along with other dogs? No \_\_\_\_\_ Yes \_\_\_\_\_  
Has your dog ever bitten another dog or person? Yes \_\_\_\_\_ No \_\_\_\_\_  
Does your dog growl or snap when food or toys are taken away? Yes \_\_\_\_\_ No \_\_\_\_\_  
Does your dog growl or snap for any other reason? Yes \_\_\_\_\_ No \_\_\_\_\_  
How does your dog behave at a doggy day care/boarding facility? \_\_\_\_\_ Fine \_\_\_\_\_  
How does your dog behave in public dog parks? \_\_\_\_\_ Fine \_\_\_\_\_  
Please describe any other behavioral problems you might know of \_\_\_\_\_ None \_\_\_\_\_  
Is there anything else that we should be aware of? Yes \_\_\_\_\_ No \_\_\_\_\_  
\_\_\_\_\_

## Tell us about your dog's health

Veterinarian \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Phone \_\_\_\_\_ List any allergies \_\_\_\_\_  
Describe your dog's general health \_\_\_\_\_  
Describe any medical conditions \_\_\_\_\_  
List medications and when administered \_\_\_\_\_  
Who is your carrier if you have pet health insurance? \_\_\_\_\_ If you do not have pet health insurance, we recommend PetFirst Healthcare, which covers up to 90% of veterinary costs. Please ask us for more details.

**Vaccinations:** Please attach a current vaccination certificate from your veterinarian or fax it to 201-798-6375.

*I certify that I am the owner or the agent of the owner of the aforementioned pet, and that I am authorized to board the pet and sign this form. I have read the schedule of fees and agree to pay all charges at checkout and any cancellation fees. I authorize Hoboken Unleashed, LLC to charge my credit card account on file for any outstanding invoices or for veterinary services obtained for my pet.*

Signature \_\_\_\_\_ Print Name: \_\_\_\_\_ Date \_\_\_\_\_

At Hoboken Unleashed, LLC, we strive to provide your dog with excellent care and a fun experience during their stay. We would like to inform you that while dogs are playing together, they run the risk of certain injuries such as scratches, cuts and sprained joints. Such injuries are rare, but do happen at all doggy daycares and sometimes more often than in daycares for children. In addition, while very infrequent, dogs can get into fights, even under close supervision. Common areas for bites as a result of these fights are around the snout, ears, tuft of the neck and paws. At Hoboken Unleashed, LLC, we have procedures to screen all dogs for aggressive behavior and we do not allow aggressive dogs to play with other dogs. However, even the friendliest of dogs, from Spaniels to Retrievers, can get into fights with other friendly dogs with very little or no warning.

In addition to injuries, it is possible for dogs to transfer illnesses such as upper respiratory infections and kennel cough, even with all required vaccinations and boosters. This is just like at a daycare for children where illnesses such as pink eye and the flu can be transferred from one child to another. Such illnesses do not occur often and all dogs must have the necessary vaccinations prior to check-in.

1. I agree that Hoboken Unleashed, LLC will not be liable for any claims of injury, illness, damage or death to my dog during its stay and that under no circumstances will Hoboken Unleashed, LLC be liable for consequential damages.
2. I certify that I have informed Hoboken Unleashed, LLC of all dog and human aggression. I agree that I am responsible for any harm caused by my dog while in the care of Hoboken Unleashed, LLC. I shall indemnify Hoboken Unleashed, LLC against any claims made against it or for losses or damages of suffered by Hoboken Unleashed, LLC as a result of my dog.
3. I understand that, in the event my dog appears to be ill, injured or at significant risk of experiencing a medical problem, Hoboken Unleashed, LLC will attempt to contact me for instructions prior to seeking veterinary care. If I cannot be reached, I agree that Hoboken Unleashed, LLC may use its reasonable discretion in seeking veterinary care on my behalf and that I will be responsible for all related expenses. I understand that Hoboken Unleashed, LLC will attempt to use my preferred veterinarian, but if my preferred veterinarian is unavailable or other circumstances mandate, I authorize Hoboken Unleashed, LLC to use a veterinarian of its choice. I agree that Hoboken Unleashed, LLC will not be liable for the actions and decisions of the veterinarian. I also agree to be responsible for any reasonable fees assessed by Hoboken Unleashed, LLC for emergency care and transportation.
4. I authorize my veterinarian to share the medical records of my dog with Hoboken Unleashed, LLC and other veterinarians. I assume full responsibility for payment of all veterinary services rendered, including, but not limited to, diagnosis, treatment, necessary grooming, medical supplies, transportation and boarding. I agree to make such payments directly to the attending veterinarian or reimburse Hoboken Unleashed, LLC if direct payment cannot be made.

This agreement and waiver is valid from the date below and grants permission for future veterinary care without the need for additional authorization each time Hoboken Unleashed, LLC cares for one or more of my dogs.

Signature \_\_\_\_\_ Print Name: \_\_\_\_\_ Date \_\_\_\_\_