



REGISTRATION AND SERVICE AGREEMENT

PERSON INFORMATION

Name: Phone 1: h w c
Street address: Phone 2: h w c
Mailing address: Phone 3: h w c
City/Prov/Postal: E-mail 1:
Key: Door Code: Alarm:
Occupation/Company: E-mail 2:
Spouse: Phone:
Other family members:
How did you hear about Paw in Hand?

EMERGENCY CONTACTS

Name/Relationship: Phone:
Name/Relationship: Phone:

DOG INFORMATION

Name: Birthday:
Gender: Male Female Spayed/Neutered Breed: Weight:
Description (colour, ears, tail, etc.) Tatto/chip:
Where and from whom did you get your dog and what age?
Does your dog go to: Work: Daycare: Professional dog walks:
Vaccinations: Pet insurance: Dog license: ID tag:
Veterinarian: Clinic: Phone:
Last exam (mm/yyyy):

HEALTH CONDITION:

Overall health and fitness: Excellent Good Fair Poor Explain:
Vaccination: Yes No Titre test: Yes No Flea/Tick treatment: Yes No
Parasite control: Yes No Allergies: Yes No specify
Past injury or illness to be aware of: Yes No If YES, describe:
Any pre-existing physical/medical condition (i.e. injuries, scars, sensitive stomach): Yes No
If YES, describe:
Dietary restrictions/allergies: Yes No If YES, describe:
Medication: Yes No If YES, condition/reason:
Dosage (amount/freq): Notes/Instructions:



BEHAVIOUR:

Does your dog have fears? Yes No If YES, describe: _____

Puppy/Dog training class: Yes No If YES, who, where & when: _____

Has your dog ever bitten? Yes No If YES, how many? Dogs/people?: _____

How does your dog act to:	Friendly	Indifferent	Fear	Aggressive	Explain
People	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dogs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Moving Vehicles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Bikes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Wildlife (birds, deer, bear etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Off leash walks: Yes No Car sickness: Yes No Comfortable w/new people: Yes No

Crate trained: Yes No Good with cats: Yes No Possessive with toys/food: Yes No

Bark when alone: Yes No Escape/Dig/Etc: Yes No Previous dog walker: Yes No

Chase wildlife: Yes No Ingest non-food: Yes No Roll in foul smells: Yes No

House trained: Yes No Separation anxiety: Yes No Sensitive to handling: Yes No

Good household manners: Yes No Any limitations (couch)? _____

Well socialized with: People: Yes No Dogs: Yes Trail etiquette: Yes No

Feeding instructions: _____

Sleeping pattern: _____

Please, let us know any other information about your dog.



LIABILITY and CONSENT

I hereby release Paw In Hand and any of its agents, employees, animal owners, customers from any and all liabilities, financial and otherwise, for injuries to myself, my dog, or any property of mine, which arise in any way from services or products provided by or as a consequence of my association with Paw In Hand.

_____ **Please Initial**

I give Paw In Hand permission to take my dog(s) for outings in a vehicle, understanding my dog(s) will travel un-belted and un-crated, for off-leash walks in a suitable area with the understanding that there are inherent risks even in situations that may appear suitably safe. I accept the special risks of having my dog walked off-leash by Paw In Hand, as well as the risk of having my dog around other dogs, people, cyclists, and wildlife. I acknowledge that Paw In Hand will take reasonable actions to minimize these risks, but I understand that it is not always possible for Paw In Hand to prevent injuries that may occur during off-leash activities. _____ **Please Initial**

I agree to assume all liabilities and responsibilities, financial and otherwise, for the actions of my dog whilst in the care of Paw In Hand. I understand that Paw In Hand overnight care in a home environment, all staff have completed Canine first aid and will minimize any potential risks to help prevent injuries.

_____ **Please Initial**

In the event of illness or injury, I authorize Paw In Hand to do whatever they deem necessary for the safety, health and well being of my dog. I acknowledge that Paw In Hand will contact me or my emergency contact for instructions regarding care. If Paw In Hand is unable to make contact within a reasonable amount of time, I authorize Paw In Hand to administer such medical attention as it deems appropriate, or seek professional medical attention from a veterinarian you have designated, if no such designation been made then by a veterinarian selected by Paw In Hand in its discretion. All costs and expenses incurred by Paw In Hand or such veterinarian are my sole responsibility and will be paid promptly by myself. _____ **Please Initial**

For overnight stays of 5 days or more I will notify my veterinarian and fill out an Absent Owner form, authorizing payment with my credit card to pay for all medical expenses and advise that Paw In Hand is taking care of my pet during my absence. _____ **Please Initial**

I understand that having my dog in the company and environment of other dogs may involve risks regarding the contraction of illness. I understand that regular vaccinations cannot completely guard against illness and disease. _____ **Please Initial**

I will be responsible to keep up to date with current vaccinations or have titre tests done and approved every 12 months in consultation with my veterinarian. I understand all possible health risks associated with my decision, and take full responsibility in the event that my dog contracts any associated condition.

_____ **Please Initial**

From time to time photographs and videos may be taken of dogs participating in Paw In Hand services and activities. I give Paw In Hand permission to use all such photos and videos of my dog(s) taken while participating in Paw In Hand programs and events for purposes, including but not limited to publications, promotional brochures, promotions or showcase programs on our website and Facebook page, showcase of activities in local and /or national newspapers. _____ **Please Initial**

I agree that all fees and expenses are payable when my dog(s) are picked up unless other arrangements have been made with Paw In Hand. I agree to promptly notify Paw In Hand of any change in scheduled pick up date, and agree to be responsible for extra fees and additional charges. _____ **Please Initial**

I understand that Paw In Hand has the right to refuse service to me and/or my dog at any time for any reason. Including but not limited to behaviour, age and/or health. _____ **Please Initial**

I hereby declare that my dog is suitable to be in the care of Paw In Hand activities and is not aggressive towards other dogs, people or wildlife and has good recall and response to obedience commands. I will communicate any concerns about changes in health or behaviour to Paw In Hand and also Paw In Hand to notify me of changes in such. _____ **Please Initial**

My signature on this document indicates that I have completely read the above and clearly understand all of its terms.

Dated this ____ day of _____, 20__ at the Municipality of Squamish, British Columbia.

Dog's Name: _____

Address: _____

Owner Signature: _____ Paw In Hand Signature: _____

Print Name: _____ Print Name: _____