



# 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 understand and agree that if my dog shows any symptoms of a contagious illness, I will not bring them into the Gemini Dogs, Inc. facility. Furthermore, if my dog shows symptoms of Kennel Cough (Bordetella), I agree to keep my dog away from Gemini Dogs, Inc. for ten (10) days past the last observed cough. If my dog receives a positive fecal test result, my dog must complete treatment and receive negative results from a follow-up before returning to Gemini Dogs, Inc.

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