

## DOGSTAR MEMBERSHIP AGREEMENT

### OWNER INFORMATION

Your Name:

Your Pet's Name:

Address:

City:

ZIP Code:

Home Phone:

Cell Phone (optional):

Work Phone (optional):

Email (optional):

### PET INFORMATION

Breed:

Gender:

Birth date:

Veterinarian's Name:

Vet's Phone Number:

### TEMPERAMENT QUESTIONS

Does your dog enjoy the company of other dogs?

How does your dog react to other dogs while on leash?

Has your dog ever bitten another dog?

Has your dog ever bitten a person?

Does your dog share toys, treats or food?

Has your dog had obedience training?

### VACCINATION & MEDICAL HISTORY

DHLPP (Required): *(date)*

Rabies (Required): *(date)*

Bordatella (Kennel Cough, Optional): *(date)*

Flea Treatment (Optional): *(date)*

Please describe any medical conditions:

Is your pet on any medications? *(list)*

Does your dog have any food allergies? *(list)*

What brand of dog food do you feed your dog?

### EMERGENCY CONTACT

Emergency Contact Name:

Phone:

Relationship:

### SIGNATURES

All dogs must have up to date vaccinations. All dogs must be non-aggressive or territorial with food or toys. Owners must certify that their dog has not shown any aggressive or threatening behavior towards any people or other pets.

Dogstar promises to love my dog, in return I agree that I am solely responsible for any harm caused by my dog while my dog is attending. I further understand and agree that Dogstar and their staff and volunteers will not be liable for any problems which develop, provided reasonable care and precautions are followed, and I hereby release them of any liability, of any kind whatsoever arising from my dog's attendance at Dogstar. If my dog requires veterinary care while in attendance of Dogstar, Dogstar will make every effort to reach me for authorization, but in the event I cannot be reached, I hereby authorize Dogstar to take my dog to a veterinarian and agree to reimburse Dogstar for the costs associated with treatment.

I have read the agreement and certify that all the above information is accurate.

Signature of applicant:

Date: