



REGISTRATION

2231 W. Belmont
Chicago, IL 60618

chitowndoghouse@gmail.com
www.chitowndoghouse.com
fax (773) 348-8070

(773) 348-WOOF!
(9 6 6 3)

OWNER INFO

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____ CITY/STATE/ZIP _____

BEST PHONE # TO REACH YOU: _____ THIS IS MY cell home work NUMBER.

WORK PHONE #: _____ OTHER PHONE #: _____

E-MAIL(S): _____

EMERGENCY CONTACT NAME: _____ PHONE #: _____

OTHERS I AUTHORIZE TO PICK UP MY DOG: _____

HOW DID YOU HEAR ABOUT US? _____

DOG INFO

NAME: _____

GENDER: Female Male

SPAYED OR NEUTERED? Yes No

IF NO, WHEN IS IT SCHEDULED? _____

BREED: _____ COLOR(S): _____

WEIGHT: _____ BIRTHDATE: ____/____/____

TYPE OF FOOD, AMOUNT PER MEAL, AND MEALS PER DAY:

ANY ALLERGIES OR MEDICAL CONDITIONS? Yes No

IF YES, PLEASE DESCRIBE: _____

MEDICATION INSTRUCTIONS: _____

MY DOG HAS: Bitten Growled Snarled Bared Teeth Shown Threatening Aggression

PLEASE EXPLAIN: _____

ADDITIONAL INFORMATION I WOULD LIKE YOU TO KNOW ABOUT MY DOG(S):

NAME OF 2nd DOG: _____

GENDER: Female Male

SPAYED OR NEUTERED? Yes No

IF NO, WHEN IS IT SCHEDULED? _____

BREED: _____ COLOR(S): _____

WEIGHT: _____ BIRTHDATE: ____/____/____

TYPE OF FOOD, AMOUNT PER MEAL, AND MEALS PER DAY:

ANY ALLERGIES OR MEDICAL CONDITIONS? Yes No

IF YES, PLEASE DESCRIBE: _____

MEDICATION INSTRUCTIONS: _____

VET INFO

PRIMARY CLINIC: _____ DR: _____

ADDRESS: _____ PHONE: _____

PLEASE NOTE: All dogs must be dog-friendly and up-to-date on the following vaccinations: Bordetella (Kennel Cough), Distemper/Parvo, and Rabies!

**CONTRACT ON
PAGE 2** 



KENNEL CONTRACT

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General Release of Liability

Any references below to the word "I" also implies all others associated with me, including but not limited to my spouse, partner, heirs, assignees, and family members. Any references to "Chi-Town Dog House" implies its agents, officers, owners, employees, subcontractors, customers, and prospective customers.

Please acknowledge the following policy statements by **initialing** in the space provided:

_____ For myself, my heirs and any assignees, I hereby release Chi-Town Dog House, its agents, officers, subcontractors, employees, animal owners, customers, and potential customers of Chi-Town Dog House from any and all liabilities, financial or otherwise, for injuries to myself, my dog(s), or any other property of mine which arise in any way from our services and/or products provided by or as a consequence of my association with Chi-Town Dog House.

_____ In consideration of the services rendered to me by Chi-Town Dog House, I waive any and all claims, actions or demands of any nature, foreseen or unforeseen, that I may have now, or in the future, against Chi-Town Dog House relating to the care, control, health, and/or safety of my dog(s) arising during pick-up, transport, drop-off, and stay of my dog(s) at Chi-Town Dog House's facilities.

_____ I agree to assume all liabilities and responsibilities, financial or otherwise, for the behavior and health of my dog(s). I agree to hold Chi-Town Dog House harmless from any claims, actions, or demands against Chi-Town Dog House arising during the pick-up, transport, drop-off, and stay of my dog(s) at Chi-Town Dog House's facilities.

_____ Due to the many outstanding benefits of dog socialization and Chi-Town Dog House's commitment to the safety and well being of my dog(s), I agree that the benefits of dog socialization outweigh the risks. Furthermore, I request a socialized environment for my dog(s) while under the care of Chi-Town Dog House.

_____ I agree to pay for all boarding and/or daycare charges incurred, including charges for house food.

_____ I authorize Chi-Town Dog House to do whatever they deem necessary for the safety, health, and well-being of my dog(s) while under the care of Chi-Town Dog House.

_____ I certify that:

- **I am the legal owner of the dog(s) I am sending to Chi-Town Dog House.**
- That my dog(s) is currently and properly licensed.
- That, to my knowledge, my dog(s) has not been exposed to kennel cough, canine flu, distemper, rabies or parvovirus within the past thirty days.
- My dog(s) has been vaccinated as indicated on the vaccination record provided by my veterinarian.

Client's Signature

Client's Printed Name

Date