

Two Paws Up Dog Training Information Sheet (Rev 12/7/10)

Owner Name(s):	
Street Address:	City/State/Zip:
Mailing Address:	City/State/Zip:
Home Phone:	Fax:
Cell Phone(s):	Work Phone(s):
Email(s):	
Emergency Contact/Phone:	
Veterinary Office/Vet:	Phone:
Dog Name:	Breed/Description:
Date of Birth:	Gender:
Spayed/Neutered?	What do you feed your dog?
Where does your dog sleep?	
How much time does your dog spend alone per day?	
What kind of dog socialization experience does your dog have?	
Do you have a doggie door?	
Do you have potty training problems? If yes, please describe.	
What kind of behavioral issues or concerns do you have?	
How did you hear about Two Paws Up?	

Two Paws Up requires all dogs over 4 months to have the following current immunizations:

Rabies (1st annual or every 3 years) for all dogs over 4 months of age.

DHLPP (1st annual or every 3 years) for all dogs up to the age of 10 years.

Bordatella (annual) for all dogs up to the age of 10 years.

Two Paws Up In Camp Training Release Form

This contract is between Two Paws Up Happy Camp for Dogs or its representatives ("TPU") and the dog owner whose signature is below.

1. I certify that my dog(s) is in good health, has not been ill with any communicable diseases or parasites in the last 30 days.
2. I assume the risk of any injury to my dog resulting from any of the inherent dangers and risks of the natural physical surroundings here at TPU, including but not limited to; snakes, weather conditions, rocks, stumps, trees, gopher holes, collisions with natural objects and/or other dogs.
3. In the event of injury or illness, I authorize TPU to act in my behalf to obtain veterinary care, or other services, as necessary, and I agree to accept full financial responsibility for any and all expenses involved in such services.
4. I understand that I am solely responsible for any harm, including to other dogs, to the employees and invited guests of TPU, caused by my dog(s) while being trained at TPU, and agree to accept full financial responsibility for any and all expenses involved.
5. I agree to reimburse TPU for destruction of TPU facilities or TPU equipment that TPU considers above and beyond normal wear and tear.
6. I certify that each of my dog(s) is free of fleas and when brought to TPU. If fleas or ticks are found on my dog, I agree to pay for appropriate flea and tick treatment for my dog.
7. I certify that my dog(s) is current on all required vaccinations when brought to TPU. If the vaccinations are not current at the time the dog arrives at camp, I agree to pay for appropriate updated vaccinations.
8. All training is payable in advance by cash, check, Visa or MasterCard.
9. I give consent for my dog(s) to participate in activities in or around the swimming pool at the TPU facility.
10. I give consent for TPU to transport my dog to and from the home of Jeanne Miller 18825 Santee Lane, Valley Center for training and to spend the night there at the discretion of Two Paws Up.
11. I give consent for my dog to be taken off-site for purposes of training at the discretion of Two Paws Up.
12. I have read this contract and agree to abide by all of the above.
13. I agree that any dispute arising under this contract or any interpretation required of or the enforcement of rights and duties under this contract shall be subject to final and binding arbitration pursuant to the American Arbitration Association ("AAA"). The award of the arbitrator(s) shall be enforceable according to the applicable provisions of the California Code of Civil Procedure. The arbitrator(s) may award damages and/or permanent injunctive relief, but in no event shall the arbitrator(s) have the authority to award punitive or exemplary damages.

By signing this document, I acknowledge that TPU, its owners and employees, will take every precaution to insure the safety and health of my dog while it is in their care. However, all dogs are left at TPU entirely at my own risk. I agree to hold TPU, its owners and employees harmless and free from any liability should my dog incur any injury or illness during his or her stay at TPU.

Date _____

Name _____ Dog's Name(s) _____

Address _____

City, State and Zip _____

Contact Phone _____

Signature _____