



REGISTRATION

2231 W. Belmont Ave. chitowndoghouse@gmail.com
Chicago, IL 60618 www.chitowndoghouse.com
fax (773) 348-8070

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

OWNER INFO

FIRST NAME _____ LAST NAME _____

ADDRESS _____ CITY/STATE/ZIP _____

PHONE # _____ OTHER PHONE # _____

E-MAIL _____

EMERGENCY CONTACT NAME *(in case we can't reach you)* _____

EMERGENCY CONTACT PHONE # _____

OTHERS I AUTHORIZE TO PICK UP MY DOG _____

HOW DID YOU HEAR ABOUT US? _____

DOG INFO

DOG'S NAME _____

GENDER: Female Male

SPAYED OR NEUTERED Yes No
(required at 6 months of age!)

IF NO, WHEN IS IT SCHEDULED? _____

BREED: _____ COLOR(S): _____

WEIGHT: _____ BIRTHDATE: ____ / ____ / ____

FOOD BRAND/FLAVOR/AMOUNT PER MEAL/# MEALS PER DAY:

ANY ALLERGIES OR MEDICAL CONDITIONS? Yes No

IF YES, PLEASE DESCRIBE: _____

MEDICATION INSTRUCTIONS: _____

2nd DOG'S NAME _____

GENDER: Female Male

SPAYED OR NEUTERED? Yes No
(required at 6 months of age!)

IF NO, WHEN IS IT SCHEDULED? _____

BREED: _____ COLOR(S): _____

WEIGHT: _____ BIRTHDATE: ____ / ____ / ____

FOOD BRAND/FLAVOR/AMOUNT PER MEAL/# MEALS PER DAY:

ANY ALLERGIES OR MEDICAL CONDITIONS? Yes No

IF YES, PLEASE DESCRIBE: _____

MEDICATION INSTRUCTIONS: _____

HOW DOES YOUR DOG DO WITH OTHER DOGS? *Any aggression? fights? bites? Please describe below:*

HOW DOES YOUR DOG DO WITH NEW PEOPLE? *Please describe below:*

VET INFO

CLINIC NAME _____ DOCTOR'S NAME _____

ADDRESS _____ PHONE # _____

PLEASE NOTE: All dogs must be dog-friendly, spayed/neutered after 6 months of age, and up-to-date on the following vaccinations: Bordetella (Kennel Cough), Distemper, 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 spaces provided:

- Initials → _____ 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 Chi-Town Dog House's services and/or products provided by or as a consequence of my association with Chi-Town Dog House.
- Initials → _____ 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 the pick-up, transport, drop-off, boarding stay and daycare service of my dog(s) at Chi-Town Dog House's facilities.
- Initials → _____ 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, boarding stay and daycare service of my dog(s) at Chi-Town Dog House's facilities.
- Initials → _____ 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.
- Initials → _____ I agree to pay for all boarding and/or daycare charges incurred, including charges for house food.
- Initials → _____ 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.
- Initials → _____ 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, parvovirus or coronavirus within the past thirty days.
 - My dog(s) is current on his/her vaccinations as indicated on the vaccination record provided by my veterinarian.

Dog Owner's Signature

Dog Owner's Printed Name

Date