



Unleash: Brooklyn Inc. • 216 Franklin Street Brooklyn, NY 11222 • info@unleashbrooklyn.com

MEMBERSHIP APPLICATION

Dog's Name _____

Owner's Name _____

Address _____

City _____ Zip Code _____

Home Phone () _____ Cell () _____

Email _____

Referred by _____

Authorized Handler(s) (Only authorized people will be allowed to pick up your dog from daycare or boarding) _____

Dog Breed or Description _____

Sex _____ Age _____ Weight _____

Color and Markings _____

Spay or Neuter _____

Microchip # _____

City of New York Dog License # _____

Vet Clinic _____ **Doctor** _____

Address _____

Vet Phone _____ **Vet Fax** _____

When and where did you acquire your dog? _____

If adopted, do you have any knowledge of your dog's history? To your knowledge, has your dog ever been abused? _____

Has your dog ever been to a dog park? _____ How did he/she behave? _____

Has your dog ever been to daycare? _____ If so, where and how did they behave? _____

Has your dog ever been boarded? _____ If so, where and how did they behave? _____

HEALTH & GROOMING

Does your dog have allergies? _____

Does your dog have a problem with fleas or ticks? _____

What methods do you use to control fleas and ticks on your dog? _____

Are there any other health issues we should be aware of? _____

Does your dog have any sensitive areas on his/her body? _____

What are your dog's favorite petting spots? _____

BEHAVIOR

Does your dog act afraid of any specific items or noise? _____

How does your dog react to strangers coming into your home or yard? _____

Does your dog ever bark or growl at people passing outside your house or yard? _____

Are there any kinds of people that your dog automatically fears or dislikes? _____

How does your dog react to puppies? _____

HAS YOUR DOG EVER:

Growled at a person or another dog? _____ What were the circumstances?

Bitten a person or another dog? _____ What were the circumstances?

Been bitten by another dog? _____ What were the circumstances?

Does your dog have a problem in any of the following areas? (Y/N)

Mouthiness/Talking:

Housetraining

Barking:

Digging:

Jumping

Eating Foreign Objects:

Escaping:

Other: _____

Has your dog ever growled or snapped at anyone for taking his/her food or toys away?
If yes, what were the circumstances?

Has your dog ever shared food or toys with other animals?

Does your dog play with toys? _____ If yes, what are his/her favorites? _____

What kinds of games does he/she like to play? _____

Does your dog play with other dogs? _____

List any specific dog(s) or types of dogs your dog automatically fears or dislikes. _____

Has your dog had any formal obedience training? _____ If yes, when and where?

What commands does your dog know? Will they respond to people with whom they are unfamiliar?

What else would you like to tell us about your dog? _____

PLEASE LIST TWO (2) EMERGENCY CONTACTS

Someone authorized by you to make decisions regarding your dog's care, veterinary or otherwise, in the event you are unable to do so.

Name (1) _____

Phone (1) _____

Name (2) _____

Phone (2) _____



DAYCARE AND BOARDING AGREEMENT

I understand that before my dog(s) can participate in daycare or boarding at Unleash:Brooklyn Inc., the following requirements must be met:

- All dogs must pass a temperament test to ensure that they are not aggressive toward people or other dogs.
- All dogs must be four (4) months of age or older.
- All dogs must be spayed or neutered. (If older then 6 months)
- All dogs must have up-to-date vaccinations on file at Unleash. Owners must submit proof of the following vaccinations: Rabies, DHPP (Distemper/Hepatitis/Parainfluenza/Parvovirus) and Bordatella (Kennel Cough). Titer results may be substituted for Distemper and Parvovirus vaccinations. We also highly recommend year-round flea and tick preventative as well as heartworm preventative.
- All dogs must be in good health and not ill with any communicable conditions within the last 30 days. Any dog that has been ill with a communicable condition within the last 30 days will require veterinarian certification of health to be admitted or readmitted to Unleash.
 - All dogs must be well socialized and not show any signs of aggression including food or toy protective behavior.
 - All dogs must have a completed and current application on file to participate in boarding and daycare at Unleash: Brooklyn Inc.

I certify that:

_____ My dog(s) meets all of the above requirements.

_____ I am the legal owner of the dog(s) I am sending to Unleash: Brooklyn.

_____ That my dog(s) is currently and properly licensed by the city of New York.

_____ That, to my knowledge, my dog(s) has not been exposed to Kennel Cough, Distemper, Rabies or Parvovirus within the past thirty days.

_____ My dog is free from intestinal parasites.

_____ My dog(s) has been vaccinated as indicated on Unleash: Brooklyn Application.

Print Name

Owner Signature

My Dog's Name

Date



Liability Waiver

Unleash:Brooklyn Inc. agrees to exercise due diligence and reasonable care and to keep the premises sanitary and properly enclosed. Unleash:Brooklyn Inc. is dedicated to providing a safe and fun environment for you and your pet, and we will take reasonable and necessary precautions to ensure the security of our guests.

I understand and agree that in admitting my dog(s) to Unleash:Brooklyn Inc. that the staff has relied on my representation that my pet is in good health and has not harmed or shown aggressive or threatening behavior towards any person or dog. I am responsible for informing the staff of any changes before my pet attends daycare or is boarded.

I further understand and agree that any problems which develop with my dog(s) will be treated as deemed best by staff and volunteers of Unleash:Brooklyn Inc., at their sole discretion, and that I assume full financial responsibility for any and all expenses involved. I further understand that with my signature I am stating that all required vaccinations are up to date. Unleash:Brooklyn Inc. reserves the right to deny entry or remove from the premise any pet at their discretion. This owner agreement shall be deemed continuing so as to require you to immediately notify Unleash:Brooklyn Inc. if there is any change in the information disclosed in the Owner Agreement or Application forms subsequent to the time such agreement and application were first executed.

Assumption of Risk. I understand that Unleash:Brooklyn Inc. is a cage-free facility. I further understand and acknowledge that pets can be extremely unpredictable in behavior and while Unleash:Brooklyn Inc. performs its services, the chance of injury to my pet is possible. Due to the many outstanding benefits of dog socialization and Unleash:Brooklyn Inc. commitment to the safety and well-being of my dog, I agree that the benefits of dog socialization outweigh the risks. Furthermore, I request a socialized environment for my dog while under the care of Unleash:Brooklyn Inc.. I assume all risks related to Unleash:Brooklyn Inc. services to me and my pet (with the exception of gross negligence of Unleash:Brooklyn Inc.), included but not limited to: illness; bodily injury; death; theft; fire; falls; bites; collisions with vehicles; natural disaster; the unavailability of emergency medical care; or the negligence or deliberate acts of third parties.

Release of Liability. I agree not to sue and to release from liability Unleash:Brooklyn Inc., its officers, owners, agents, employees and other persons or entities involved with the services offered by Unleash:Brooklyn Inc., from all actions, claims or demands for injury, loss or damage regardless the cause.

Indemnification. I understand and acknowledge that pets can be extremely unpredictable in behavior and may cause damage to third parties for which Unleash:Brooklyn Inc. could be held liable. I agree to bear any and all damages, losses, liabilities, demands and expenses, including legal and professional fees The Houndry may incur as a result of any damage caused by my pet, and I agree to defend, and hold Unleash:Brooklyn Inc. harmless from any liability thereon.

IT IS THE INTENTION OF THE PARTIES TO THIS AGREEMENT THAT THE FOREGOING RELEASES SHALL BE EFFECTIVE AS A BAR TO ALL ACTIONS, FEES, DAMAGES, LOSSES, CLAIMS, LIABILITIES, DEMANDS OR DEBTS WHATSOEVER, OF ANY NATURE OR KIND, KNOWN OR UNKNOWN, SUSPECTED OR UNSUSPECTED, ARISING OUT OF THE PERFORMANCE OF UNLEASH: BROOKLYN INC SERVICES. THE PARTIES TO THIS AGREEMENT EXPRESSLY CONSENT THAT THIS RELEASE SHALL BE GIVEN FULL FORCE AND EFFECT IN ACCORDANCE WITH EACH AND ALL OF ITS EXPRESS TERMS AND PROVISIONS.

I understand that this Agreement contains a release of liability and a contract between Unleash: Brooklyn Inc and me and I am signing this agreement of my own free will. This Agreement contains the complete understanding of the parties with respect to the subject matter hereof and supersedes all prior representations and understandings, whether oral or written. This Agreement may be modified only in writing signed by both parties.

Print Name

Owner Signature

My Dog's Name

Date



Credit Card Authorization

Payment for services rendered by Unleash: Brooklyn Inc is due at the end of day unless pre purchased in a package. By signing this form, I authorize Unleash Brooklyn to charge my credit card for the full amount due. I understand that Unleash: Brooklyn will keep this information confidential. This agreement will go into effect immediately as of the signed date below and will remain in effect until written notice is given to Unleash: Brooklyn Inc. Any fees incurred as a result of non-payment, insufficient funds, closed accounts, stopped payment or other reasons not mentioned herein will be the sole responsibility of the cardholder and will be applied to their remaining balance with Unleash: Brooklyn.

Credit Card: American Express Discover Master Card Visa

Name printed on Card: _____

Card Number: _____ Expiration Date: _____

V-code: _____

V-Code is the 3-digit number on the back for your credit card. The V code is located in the signature line and is usually the last three numbers directly after your credit card number. (Some cards do not have the credit card number listed. In this case the V-Code is the last 3 numbers.)

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone or Cell: _____ Email: _____
Authorization Signature _____ Today's Date _____