

APPLICATION

PAW TOWN STATION

10 N. Sturbridge Rd.

Charlton, MA 01507

508-434-0316

pawtownstation@gmail.com

OWNERS NAME:

PHONE #:

STREET ADDRESS:

E-MAIL:

TOWN/STATE/ZIP:

EMERGENCY CONTACT – NAME & PHONE #:

LIABILITY RELEASE:

Paw Town Station agrees to exercise reasonable practices for the dogs in their care. The owner releases Paw Town Station Inc. from any claims made against the company, owners and employees for any injuries or illnesses of their dog(s). The owner agrees that they shall be solely responsible for any and all aspects of behavior of the owner's dog while in the care of Paw Town Station including payments and cost for any injury to staff or other dogs and any damage to the facility caused by their dog. Furthermore, the owner indemnifies, Paw Town Station as a result of the owner's failure to inform Paw Town Station of any pre-existing medical condition and or known bad behavior traits.

ASSUMPTION OF RISKS

The owner understands that Paw Town Station utilizes playgroups where dogs interact and co-mingle. Paw Town Station has monitoring staff watching the group plays, and have safety equipment on hand if any situation occurs. If your dog displays bad behavior, he/she will be removed from the group. We cannot guarantee aggressive dogs in the playgroups and the owner will be notified. The owner understands that the dogs play roughly and this could result in bites, nicks, scratches that may occur. Furthermore, the owner acknowledges that vaccines do NOT protect against all communicable illnesses that may afflict a dog, such as kennel cough. So, although, all dogs are required to have vaccines up to date, they still could become sick from interacting with the other dogs. The owner acknowledges and agrees that they are assuming all risks of illness, disease, harm or otherwise to their dog by allowing them to be in the group play at Paw Town Station.

Owner _____ Date _____

PUP PROFILE

PAW TOWN STATION

10 N. Sturbridge Rd.

Charlton, MA 01507

508-434-0316

pawtownstation@gmail.com

REQUIREMENTS:

- * Vaccinations: Rabies, Distemper, Bordetella (Kennel Cough), Negative Fecal
- * Dogs must be socialized to play with the groups
- * Aggressive dogs are NOT eligible for play groups
- * Intact puppies are acceptable, with the agreement that they will be fixed at 1 yr.

OWNERS NAME:

DOGS NAME:

BREED:

DOB:

Male/Female

SPAYED/NEUTERED: YES/NO

WEIGHT:

COLOR:

Please list any health issues:

Date of Flea/Tick control application:

YOUR DOGS BEHAVIOR INFORMATION: (Please Circle Answers)

Bite History to other animals: YES/NO

Bite History to People: YES/NO

Separation Anxiety: YES/NO

House Broken: YES/NO

Guards or Protects Food or Toys: YES/NO

Any other fears: YES/NO

Chews inappropriately: YES/NO

Socialized to play with other dogs: YES/NO

ANY OTHER BEHAVIORAL COMMENTS: