



Leon County Pup Barn

OWNER'S PROFILE & AUTHORIZATION

PB _____

RP SQ QB

Owner's Name: _____ (primary contact) _____

Cell Phone: _____ Email: _____

Owner's Name: _____

Cell Phone: _____ Email: _____

Mailing Address: _____

City: _____, State: _____ Zip: _____

Your pup will ONLY be released to the owner(s) listed. In an emergency, we can release to contacts provided as your Emergency Contact. ID will be checked and noted. It is the owner's responsibility to notify Leon Co. Pup Ban (LCPB) of any changes to their Emergency Contact information.

Your Emergency Contact is a person who can make decisions regarding the health and welfare of your dog(s) in your absence or if we are unable to get in contact with you. This person would also be who we contact to pick up your dog in the event they are unable to remain at LCPB for their entire reserved stay.

Emergency Contact Name: _____

Emergency Contact Ph. Number: _____

Veterinarian Name: _____

Veterinarian Ph. Number: _____

I understand that in the event of an urgent or emergency situation, LCPB will make every attempt to contact me, first and then my emergency contact. In the event that I and/or my designated emergency contact above cannot be reached, I authorize the following:

- **In the event of illness or injury, I authorize LCPB to seek appropriate veterinary treatment for my dog. I understand that every effort will be made to take my dog to the vet clinic specified on my emergency form if located within Leon County and if the situation permits however; LCPB has the authority to seek treatment at any veterinary clinic.**
- **Furthermore, I agree to reimburse LCPB for veterinary fees and all related costs including transportation within 7 days of the incident or at check-out whichever comes first**

Leon County Pup Barn is authorized to spend on my behalf in the care of my dog(s) up to (circle one or designate your own amount):

\$200, \$500, \$1,000 Unlimited or the specified amount of \$ _____ per dog .

This release does not expire and will remain until I update it. _____ (please initial)

Dog Owner's Name and Signature: _____

Date: _____



Leon County Pup Barn

PB _____

PUP PROFILE

Pup Name: _____ Primary Breed: _____

Birthdate: _____ Sex: **Male / Female** **Spayed?/Neutered?/Intact?** Potty Trained: **Yes / No**

How long has your pup been in your home with you? _____

Has your dog ever bitten another PERSON or DOG? **YES / NO**

Or growled/snapped at a PERSON or DOG trying to take food items away? **YES / NO**

HAS YOUR PUP EVER SCALED A 5 FT. FENCE? **YES / NO**

DOES YOUR PUP HAVE ALLERGIES? **YES / NO** If yes, explain: _____

Can your pup have treats we provide? **Yes / No** We provide dog safe treats that include grain inclusive, grain free, fruits, vegetables, frozen treats and dairy. If any of these things cannot be given as a treat please indicate here: _____

Has your dog had any formal training which we can use while boarding? (Come, here, heel, leave it, off, down, etc)? _____

Does your dog spend time outside alone? **YES / NO**

How is your dog's recall? **1...2...3...4...5...6...7...8...9...10** (10 is excellent)

Do you take your pup on walks? **DAILY.....INFREQUENTLY** **ON LEASH/OFF LEASH**

Describe your pup's level of socialization with other dogs? **NONE.....MODERATE.....EXTENSIVE**

How would you describe your pup's energy level? **LOW.....MEDIUM.....HIGH**

Describe your dog's characteristics when stressed: _____

(Examples: panting, pacing, humping, hiding, barking, growling, biting, etc.)

What techniques do you use at home to calm your dog? _____

If weather and time permit, could we allow your pup to have water play? **YES / NO**

Is there anything else you would like us to know that would help your pup's stay more enjoyable? _____

Leon County Pup Barn LLC will not board nor care for a dog without vaccination documentation showing completion of vaccinations a minimum of 5 days prior to stay. Please provide veterinarian documentation of unexpired vaccinations for rabies, distemper, parvovirus and Bordetella. It is the owner's responsibility to make sure our records are up to date. All dogs should be on monthly flea, tick and internal parasite treatment. Leon County Pup Barn reserves the right to deny daycare/boarding to any pup who is not fully vaccinated or shows signs of any parasites. _____ (please initial)

Owners name, signature & date: _____