

# ROVER

**www.roverkennels.com**  
8930 lindblade street culver city, ca 90232  
t. 310.838.5599 f. 310.838.5508

**(Please Print Clearly)**

Owner's Name :: \_\_\_\_\_

Address :: \_\_\_\_\_

City :: \_\_\_\_\_ State :: \_\_\_\_\_ Zip :: \_\_\_\_\_

Home Phone :: \_\_\_\_\_ Business Phone :: \_\_\_\_\_

Cell Phone :: \_\_\_\_\_ Email :: \_\_\_\_\_

Name of Dog(s) :: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Breed(s) :: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Weight :: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Color :: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Birthdate :: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Gender:: (circle) 1. female      male      spayed      neutered  
2. female      male      spayed      neutered

Method of flea control :: \_\_\_\_\_

Is your dog housebroken?  Yes  No

Has your dog ever had kennel cough?  Yes  No

Has your dog been ill in the last 30 days?  Yes  No

Is your dog displaying any unusual symptoms such as coughing, sneezing, or upset stomach?  Yes  No

Has your dog ever attended daycare or been boarded in a cage-free environment?  Yes  No

If yes, which kennel? \_\_\_\_\_

Does your dog go to the dog park?  Yes  No

Has your dog ever bitten a person or another dog?  Yes  No

If yes, please explain :: \_\_\_\_\_

\_\_\_\_\_

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Has your dog ever exhibited aggressive behavior towards people or other dogs?  Yes  No

If yes, please explain :: \_\_\_\_\_  
\_\_\_\_\_

Has your dog ever been bitten or attacked by another dog, or been abused?  Yes  No

If yes, please explain :: \_\_\_\_\_  
\_\_\_\_\_

Has your dog ever been injured as a result of being at the dog park, dog daycare or playing with another dog?  
 Yes  No

Does your dog board well?  Yes  Never Boarded  No If no, please explain :: \_\_\_\_\_

Does your dog wear a bark collar?  Yes  No  
Type:  Citronella  Shock

## Eating Habits ::

- Eats all food at mealtime
- Nibbles throughout day
- Goes for periods without eating
- Sometimes requires more palatable food to be mixed in to eat

Does your dog eat or chew on his bedding?  Yes  No

In your opinion, is your dog...  Underweight  Ideal Weight  Overweight

## Medical Emergency Information ::

Veterinarian's Name / Clinic :: \_\_\_\_\_ Phone :: \_\_\_\_\_

Address :: \_\_\_\_\_ City :: \_\_\_\_\_

### 1. Vaccinations ::

Please list the **current expiration** dates for the following vaccinations ::

Rabies (due every 1 or 3 years) \_\_\_\_\_

DHLPP (due every 1 or 3 years) \_\_\_\_\_

Bordatella (due every 6 months) \_\_\_\_\_

### 2. Please describe any medical or physical problems:

\_\_\_\_\_  
\_\_\_\_\_

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### 3. Known Allergies (Food or other):

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4. IF EVER YOUR DOG IS BOARDING AND RUNS OUT OF YOUR OWN FOOD IS IT OKAY FOR HIM/HER TO HAVE OUR HOUSE FOOD (DIAMOND NATURALS LAMB & RICE DRY FOOD) OR WHITE RICE? \_\_\_\_\_

### 5. Emergency Contact (other than owner) ::

Name :: \_\_\_\_\_ Phone :: \_\_\_\_\_ Relationship :: \_\_\_\_\_

6. Emergency Medical Care. If, in our judgment, your dog requires immediate medical care and we are unable to reach you, we will take your dog to a veterinarian or animal hospital.

**Yes** Initials \_\_\_\_\_ By initialing here, you agree to be solely responsible for the payment of all medical bills for your dog and you release Rover, its officers, directors, agents, and employees ("ROVER") of and from any and all responsibility for, or claims, damages, debts, arising out of or related to such medical care, including, but not limited to, transportation to/from the veterinary clinic and choice of veterinarian and animal hospital.

**Pickup of your dog - Rover will release your dog to the following person(s) ::**

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By checking here, you may verbally (by telephone) or in writing (facsimile or otherwise) request that ROVER release your dog to someone other than the person(s) listed above, and you release ROVER of and from any and all responsibility for releasing your dog to any person ROVER reasonably believes to be authorized by yourself.

Please list any special instructions regarding health, diet, and/or grooming (e.g. cut preferences or skin sensitivities) ::

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**\*\*\* Please Read \*\*\*  
\*\*\* and Initial Each Section \*\*\***

### ROVER Policies

\_\_\_\_ ROVER reserves the right to immediately change your dog's type of boarding/daycare if we believe it is necessary to protect the health and well-being of your dog, other dogs, or our staff.

\_\_\_\_ All dogs must be healthy, and current on all vaccinations. You will be required to bring a copy of your dog's updated vaccination records from your vet before you start daycare or board with us to ensure your dog's safety as well as that of our existing ROVER dogs.

\_\_\_\_ If your dog is exhibiting any symptoms that may suggest illness such as sneezing, coughing, wheezing, runny eyes or nose, vomiting, lethargy, or diarrhea, please do not bring your dog to daycare or boarding. Unspayed females in heat are not accepted. If your dog comes into heat while boarding you will be charged an extra \$25 per day. Dogs with flea or tick problems will be bathed at the owner's expense.

\_\_\_\_ Boarders are subject to 24-hour cancellation policy. A deposit or credit card imprint is required upon your dog's arrival. All charges must be paid in full upon pick-up of your dog. Dogs left ten days beyond the agreed pick-up date will become property of ROVER.

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\_\_\_\_ The house brand of dog food is Diamond Naturals Lamb Meal and Rice Formula. If you are feeding any other food, please bring it with you. Changing dog food can cause severe upset stomach.

\_\_\_\_ **Owners are welcome to bring their own bedding or toys if desired, however we CANNOT guarantee that they will be returned in the same condition.**

\_\_\_\_ For the safety and comfort of all of our guests, we are unable to accommodate visitors during boarding. We are happy to send an email update with a photo for owners wanting to check in with their dogs.

\_\_\_\_ We accept AMEX, Visa, Mastercard, Cash, or Check (please note, there is a \$25 returned check fee). Payment is due upon pickup of your dog. Unless you indicate otherwise, your credit card on file will be charged for your fees. ROVER reserves the right, without notice, to adjust its fees for services. Please inquire at the front desk as to our current fees.

By submitting this form,

- a. \_\_\_\_ You indicate your agreement with all the terms listed hereof,
- b. \_\_\_\_ You authorize ROVER to obtain medical and vaccination records for your dog from the veterinarian listed above and you hereby authorize your veterinarian to provide these records to ROVER.
- c. \_\_\_\_ You release, indemnify, and agree to hold ROVER harmless from any and all manner of damages, claims, loss, liabilities, costs or expenses, causes of actions or suits, whatsoever in law or equity, (including, without limitation, attorney's fees and related costs) arising out of or related to the services provided by ROVER, except which may arise from the sole gross negligence or intentional and willful misconduct of ROVER, including, without limitation, (i) any inaccuracy in any statement made by yourself or information provided by you to ROVER, (ii) your dog, including but not limited to destruction of property, dog bites, injury, and transmission of disease, and (iii) any action by yourself which is in breach of the terms and conditions of this agreement.
- d. \_\_\_\_ Any controversy or claim arising out of or relating to this contract, or the breach thereof, or as the result of any claim or controversy involving the alleged negligence by any party to this contract, shall be settled by arbitration in accordance with the rules of the American Arbitration Association, and judgment upon the award rendered by an arbitrator may be entered in any Court having jurisdiction thereof. The arbitrator shall, as part of his award, determine an award to the prevailing party of the costs of such arbitration and reasonable attorney's fee of the prevailing party.
- e. \_\_\_\_ This agreement covers the current relationship between ROVER and yourself. Each time you bring your dog to ROVER, you affirm the terms of this Agreement, and the truthfulness and accuracy of all statements you make in this Agreement.

## **Grooming ::**

ROVER accepts pets for grooming only under the following conditions:

\_\_\_\_ Rover does not groom pets for show and any grooming on a show pet will be at the owner's risk.

\_\_\_\_ Dematting / thinning out of matted hair may cause patchiness and hair loss. Consent to remove the matted hair is on this understanding.

\_\_\_\_ Payment will be made as per price list/quote and owners must collect pets once notified by phone. Uncollected pets will be charged a daycare and/or boarding fee.

\_\_\_\_ Shaving / stripping of pets will dramatically change the pet's appearance and the hair will be very close to the skin. This may expose pre-existing skin complaints. Your written permission will be required to perform this service.

\_\_\_\_ **Please note that ROVER reserves the right, due to health and safety, not to groom any pet which presents a risk of injury to groomers, other animals, or staff.**

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\_\_\_\_ ROVER does not accept sedated pets under any circumstances.  
MEDICAL AUTHORIZATION

Should it be necessary for my dog(s) to have medical treatment while he/she is in attendance at ROVER, I hereby give ROVER personnel permission to use their judgement in administering first aid and/or obtaining emergency medical service for my dog at a nearby Veterinary hospital and I give permission to the Veterinarian in attendance to render medical treatment deemed necessary and appropriate by the Veterinarian. I understand that ROVER has no insurance covering such medical or hospital costs incurred for my dog(s) and, therefore, any costs incurred for such treatment shall be my sole responsibility.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**\*\*\*We require that you keep a major credit card on file at ROVER for billing purposes, (including but not limited to) after hours check out fees and in case of emergency medical expenses.\*\*\***

\*\*\*\*If payment becomes overdue by over 1 (one) month, a 1.5% late fee or 18%APR will be added to any over due account. You will also be liable for legal and or collection fees.\*\*\*\*

**(Please Circle, AMEX, VISA or MasterCard)**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Exp: \_\_\_\_\_ Auth. Code \_\_\_\_\_

Billing address of credit card provided is same as address on pg.1

IF NOT, please provide the additional billing address:

\_\_\_\_\_

How did you hear about ROVER?

\_\_\_\_\_

Please let us know as we would like to thank them properly.

COMPANY USE ONLY: Employee \_\_\_\_\_ Evaluation Code A B C D F O T

Received on: \_\_\_\_\_