

<input type="checkbox"/>	<b>Training</b>
<input type="checkbox"/>	<b>Boarding</b>
<input type="checkbox"/>	<b>Walks</b>
<input type="checkbox"/>	<b>Day Yard</b>



5353 E. Carlton Creek Road, Florence, MT  
(406) 273-4899 • [www.WindRiverTailsAndTrails.com](http://www.WindRiverTailsAndTrails.com)

**1. A completed set of application forms must be submitted along with current vaccination records.**

1. New Client Information form
2. Dog care agreement form
3. Medical Release form
4. Vet Instructions & Release form
5. Photograph Release form

**2. Pet must attend a FREE half day temperament evaluation at Tails & Trails prior to attending our boarding facility.**

- A COPY OF ALL VACCINATION RECORDS ARE REQUIRED PRIOR TO THE EVALUATION!
- Dogs are dropped off at 8:00 AM and observed for a 3-hour period by kennel staff. Pick-up at 11:00 AM.

**3. All vaccination and spay/neuter records must be kept up to date at all times.**

- Required Vaccinations are: Rabies every 3 years, Distemper yearly, Parvovirus yearly. We recommend the Bordatella vaccine but do not require it.
- We also accept a FAVN certificate of titers for Rabies, Distemper, Parvovirus.
- All dogs must be spayed/neutered after 9 months of age, unless negotiated.
- If we accept an intact adult, group boarding is not available.

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# APPLICATION FORM

**HOW DID YOU HEAR ABOUT WIND RIVER TAILS & TRAILS (T&T)?** \_\_\_\_\_

## OWNER INFORMATION

Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_

Email \_\_\_\_\_

How would you like to be contacted? (circle all that apply)    **Phone**                      **Text**                      **Email**

**Emergency Contact** (*Who can we contact if we cannot reach you?*) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_

Email \_\_\_\_\_

## PET INFORMATION *(for additional dogs, please attach separate sheet)*

Dog's Name \_\_\_\_\_ Breed \_\_\_\_\_ DOB \_\_\_\_\_ Sex \_\_\_\_\_

Spayed/Neutered? **Y/N**    Color/Markings \_\_\_\_\_    Microchip? **Y/N**    # \_\_\_\_\_

Does your dog have any allergies? (*Food, meds, etc.*) \_\_\_\_\_

Does your dog have any pre-existing medical conditions? If yes, please describe on medical release form.    **Y / N**

Where did you get your dog? (*Please list state, name of breeder or rescue*) \_\_\_\_\_

How long have you owned your dog? \_\_\_\_\_    If adopted, do you have your dog's prior history?    **Y / N**

## TEMPERAMENT ASSESSMENT

Does your dog display any of the following?

Food Aggression: **Y/N**                      Toy Aggression:                      **Y/N**

If either of the above are marked 'YES', please explain: \_\_\_\_\_

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Dog Aggression: **Y/N** Human Aggression: **Y/N**

If either of the above are marked 'YES', please explain: \_\_\_\_\_

\_\_\_\_\_

How does your dog react when meeting new people? Is there a certain type of person, gender, etc. with whom your dog is uncomfortable? \_\_\_\_\_

How does your dog react when meeting new dogs? Is there a certain breed, gender, etc. with whom your dog is uncomfortable? \_\_\_\_\_

Has your dog ever bitten a person? **Y/N** If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Has your dog ever been in a fight with another dog that caused a wound or required medical attention? **Y/N**

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

Does your dog display any fears/phobias? (i.e. thunder, brooms, men with hats, etc.) \_\_\_\_\_

\_\_\_\_\_

**TRAINING** *(If interested in Board & Train, please fill out both of the following sections)*

What type of training are you interested in? (circle all that apply)

GROUP LESSONS      PRIVATE LESSONS      BOARD & TRAIN      TRAINING WALKS

What behavioral issues do you wish to solve? \_\_\_\_\_

\_\_\_\_\_

Has your dog had any previous training? If yes, what type, where, and when? \_\_\_\_\_

\_\_\_\_\_

Are you interested in any specialty training? (Service dog, therapy dog, canine sport, tricks, tracking, etc.) If yes, please list:

\_\_\_\_\_

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**BOARDING** (If interested in Board & Train, please fill out both of the following sections)

Has your dog ever been boarded before? **Y/N** If yes, please list facility and location:

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Has your dog ever displayed any escape behaviors (digging, jumping, climbing, etc.)? **Y/N** If yes, please list:

---

House Broken? **Y/N** Crate Trained? **Y/N** Dog-door trained? **Y/N**

Does your dog display separation anxiety when you leave home? **Y/N**

Describe: \_\_\_\_\_

Does your dog have any physical elements that would limit his/her interaction or play with other dogs? **Y/N**

Describe: \_\_\_\_\_

Would you like your dog to be boarded with other friendly dogs? **Y/N**

If you marked YES to the question above, please read and sign the following statement:

*I, \_\_\_\_\_, acknowledge that the information I have provided about my dog is true and correct to the best of my knowledge. Should my dog display any aggressive behavior during the duration of his/her stay, I understand that it is the sole discretion of WIND RIVER TAILS & TRAILS to move my dog to private boarding, and that WIND RIVER TAILS & TRAILS is not responsible for any injuries or costs that might result in combined boarding with other dogs.*

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



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## DOG CARE AGREEMENT FORM

DOG'S NAME \_\_\_\_\_ AGE \_\_\_\_\_ BREED \_\_\_\_\_

1. I understand that WIND RIVER TAILS & TRAILS has relied upon my representation of my dog's temperament for correct placement in our boarding facility as either solitary or group boarding.
2. I further understand that WIND RIVER TAILS & TRAILS, their owners, staff, partners, and volunteers, will not be liable, financially or otherwise, for injuries to my dog, myself, or any property of mine while my dog is participating in services provided by WIND RIVER TAILS & TRAILS. I hereby release WIND RIVER TAILS & TRAILS of any liability of any kind arising from my dog's participation in any and all services provided by WIND RIVER TAILS & TRAILS.
3. I further understand and agree that any problems with my dog, behavioral, medical, or otherwise will be treated as deemed best by staff of WIND RIVER TAILS & TRAILS at their sole discretion, and in what they view as the best interest of the animal. I understand that I assume full financial responsibility and all liability for any and all expenses involved in regards to the behavior and health of my dog.
4. I further understand that there are risks and benefits associated with group socialization of dogs. I agree that the benefits outweigh the risks and that I accept the risk. I desire a socialized environment for my dog while attending services provided by WIND RIVER TAILS & TRAILS and while in their care. I understand that while the socialization and play is closely and carefully monitored by staff to prevent injury, it is still possible that during the course of normal play my dog may receive minor nicks and scratches from roughhousing with other dogs. Any injuries to my dog will be pointed out by staff upon pick-up.
5. I understand by allowing my dog to participate in services offered by WIND RIVER TAILS & TRAILS I hereby agree to allow WIND RIVER TAILS & TRAILS to take photographs or use images of my pet in print form or otherwise for publication and/or promotion.
6. I further understand that I am solely responsible, financially or otherwise, for any harm or damage caused by my dog while my dog is attending any services provided by WIND RIVER TAILS & TRAILS.
7. I understand that if my dog is not picked up on time or by a date specified in a separate agreement, I hereby authorize WIND RIVER TAILS & TRAILS to take whatever action is deemed necessary for the continuing care of my dog. I will pay WIND RIVER TAILS & TRAILS the cost of any such continuing care upon demand by WIND RIVER TAILS & TRAILS. I understand that if I do not pick up my animal, WIND RIVER TAILS & TRAILS will proceed according to the guidelines provided by Montana State Law for Abandonment of Animals By Owner, procedure for handling. I also acknowledge that I will be fully responsible for all attorney's fees and associated costs if I abandon my dog.

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

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## MEDICAL RELEASE FORM

This is a required form for all T&T Boarding & Training participants receiving services.

First and foremost the safety and well being of your pet(s) is of the highest importance. Insuring that your pet remains safe and well cared for is our first responsibility and as such we take it very seriously. We do our best to have our pet parents screen for pre-existing health conditions but some factors may be beyond our control. In the event that a medical emergency arises while a pet is at our facility or participating in a service that we provide, it is imperative that we are immediately able to get them medical treatment at the closest available facility. We will call ahead to the veterinary offices in closest proximity geographically to us to insure they can handle the emergency present. Your pet will be rushed to the closest available facility for treatment and you will be notified. We notify the owner after we have secured a medical treatment center for the animal to avoid delays that may be caused by emotion on the part of the owner. Our goal is to get your pet medical attention as quickly as humanly possible, and any distractions may interfere with that process. For that reason, it is a requirement to have our pet parents sign this form.

I understand that in the event of a medical emergency that WIND RIVER TAILS & TRAILS may use its sole discretion in determining the immediate attention of a licensed veterinarian. I authorize WIND RIVER TAILS & TRAILS to seek medical attention at the closest available veterinary facility. I further agree that I am financially responsible for any medical treatment my pet(s) receives as a result of a medical emergency while attending services provided by WIND RIVER TAILS & TRAILS.

Signature of Owner: \_\_\_\_\_ Date \_\_\_\_\_

Printed Name: \_\_\_\_\_

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# VETERINARY INSTRUCTIONS AND RELEASE FORM

Pet's Name: _____ Breed: _____ Sex: _____ Age: _____
Medical Conditions: _____
Medications: _____

Pet's Name: _____ Breed: _____ Sex: _____ Age: _____
Medical Conditions: _____
Medications: _____

Pet's Name: _____ Breed: _____ Sex: _____ Age: _____
Medical Conditions: _____
Medications: _____

If any of the pets named above becomes ill or is injured, I request that Wind River Tails and Trails take the pets to:

**Veterinary Office Name:**

**Address:**

**Phone Number:**

**Alternate Veterinary Office Name:**

**Address:**

**Phone Number:**

I give permission to Wind River Tails and Trails to approve treatment up to \$\_\_\_\_\_.

I will assume full responsibility upon my return for payment and/or reimbursement for veterinary services rendered up to the above stated amount.

If neither of the veterinary offices named above is available, I authorize Wind River Tails & Trails to take my pet(s) to another veterinary office for treatment. I understand that Wind River Tails & Trails cannot be held responsible for the results of the veterinary treatment or the loss of my pet.

This agreement is valid starting on the date below whenever Wind River Tails & Trails cares for my pets:

Signature of Owner: \_\_\_\_\_ Date \_\_\_\_\_

Printed Name: \_\_\_\_\_

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## PHOTOGRAPH RELEASE FORM

Owner's Name(s): \_\_\_\_\_

Dog's name: \_\_\_\_\_

Dog's name: \_\_\_\_\_

Dog's name: \_\_\_\_\_

Dog's name: \_\_\_\_\_

I, \_\_\_\_\_, hereby grant permission for Wind River Tails & Trails to take photographs and/or audiovisual recordings of the above named dog(s), and to make use of such images and recordings as Wind River Tails & Trails deems appropriate, including but not limited to advertising/marketing purposes.

I, also, give permission for Wind River Tails & Trails to use the name(s) of the above named person(s) and dog(s) in connection with such images and recordings, but I understand that images and recordings may be used without identifying the person and dog(s) by name.

I understand and agree, on behalf of myself and the above named dog(s), that neither I nor the above named dog(s) will receive any compensation for the use of any images or recordings.

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

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

Print name: \_\_\_\_\_

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*A list of items to bring for your dog while vacationing at Wind River Tails and Trails!*

- Flat buckle collar, martingale collar, or harness, and **name tag** with an updated phone number (For safety, no slip or chain collars are permitted while boarding)
- An adequate amount of dog food for the length of time they will be here + 1 full day's extra food.
  - Meals are available using our T&T Kibble for \$2/meal
- Bed and/or blankets. Something to sleep with that smells like home. We just ask that it not be sentimentally valuable, as dogs will on occasion, be dogs and items could be damaged.
- Food bowl (We have water bowls on hand)
- Medications, vitamins, and any special treats you would like them to have.

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