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New Client Application and Release Forms

Instructions For Completing New Client Application:

1. Fill out all Client and Dog Information fields to the best of your knowledge (Please fill out a separate “Dog Information” section for each dog participating in services)
2. Read and sign all requested release forms
3. Include a copy of current vaccination records for: Distemper, Parvovirus, Rabies, and (*optional*) Bordatella
4. Include a 2” x 2” color, full-body photo of your dog

Submit these forms, along with current vaccination records, on or before the date of your evaluation:

1. ALL PETS must attend a FREE, half-day temperament evaluation prior to participating in boarding or daycare services.
 - a. For AM Evaluations: Drop-off is 8-10AM, Pick-Up is 12-1PM
 - b. For PM Evaluations: Drop-off is 12-1PM, Pick-Up is 5-7PM
2. All dogs participating in TRAINING SERVICES must undergo an in-home or phone consult evaluation scheduled by one of our trainers (exception: Group Classes)
3. Dogs will be observed for temperament and placement within our services. Owners will receive a copy of our New Client Intake Evaluation form upon pick-up.

Requirements for participating in services with Wind River Tails & Trails:

1. Vaccination records must be kept up-to-date at all times for each dog participating in services:
 - a. *Note: We will also accept a FAVN Titer certificate in lieu of vaccination records every 2 years*
 - b. *Any dogs over 10 years of age with documented, regular vaccination history are exempt from further vaccinations*
2. Female dogs in-heat may be accepted into boarding services on a case-by-case basis. Additional charges and requirements may apply
3. We do accept intact adult dogs for all services (except service dog program) provided that they still meet our temperament requirements

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How did you hear about Wind River Tails & Trails?

Section 1 – Owner Information

Name _____ Date of application: ____/____/____

Mailing Address _____ City _____ State _____ Zip _____

Primary Phone _____ Alt. Phone _____

Email _____

Are you an active duty or US military veteran? Yes No

Have you participated in any other dog boarding or daycare service? Where? _____

Have you participated in any previous dog training services? Where? _____

Which services are you interested in? (Circle all that apply) **Boarding** **Daycare** **Training** **Service Dog**

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Section 2 - Dog Information

Please fill this section out for each dog you wish to participate in services and include a color, full-body 2x2 photograph

Dog's Name _____ Breed _____ Sex **M / F** Altered? **Y / N**

Color/Markings _____ Microchip Brand/Number _____

DOB (or best guess) _____ Acquired from? (Breeder or rescue name) _____

Allergies? _____

Pre-existing medical conditions? _____

Is your dog: Potty trained? **Y / N** Crate trained? **Y / N** Dog-door trained? **Y / N**

Does your dog display any of the following (circle all the apply):

- | | | | |
|----------------|------------------------|--------------------|---------------------|
| Digs to Escape | Fence climbing/jumping | Separation Anxiety | Destructive chewing |
| | Gate/door dashing | Fence fighting | |

If you selected any of these behaviors, describe: _____

Has your dog ever shown aggression towards, or around any of the following? (circle all that apply):

Food Toys Beds/sleeping spots Other Dogs Humans Other: _____

If you selected any of the above, please describe: _____

Has your dog ever bitten a human or a dog that drew blood or required medical attention? Describe: _____

Does your dog display any fears/phobias? (thunder, fireworks, men w/ hats, etc.) _____

What types of dogs does your dog typically get along/play well with? _____

What types of dogs does your dog not typically get along/play well with? _____

Would you like this dog to be combined with compatible dogs while participating in services? **Y / N**

Other Comments _____

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AGREEMENT FOR PARTICIPATION IN SERVICES & RELEASE OF LIABILITY

DOG'S NAME _____ DOG'S NAME _____ DOG'S NAME _____

1. I understand that WIND RIVER TAILS & TRAILS has relied upon my representation of my dog's temperament for correct placement in our facilities and services.
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 and/or audiovisual recordings of my pet in print form or otherwise for publication and/or promotion. I understand and agree that the dog(s)' name and the name of the owner may be used in conjunction with these images, and that neither myself nor the dogs named above will receive any compensation for the use of these images or recordings.
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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VETERINARY INSTRUCTIONS & MEDICAL RELEASE FORM

DOG'S NAME _____ DOG'S NAME _____ DOG'S NAME _____

While the safety and well-being of the animals under our care is our primary concern, we understand that sometimes events occur that are beyond our control. Whenever possible, should a medical emergency arise we will attempt to contact the owner of the pet and seek medical attention at the veterinarian or clinic of the owner's choice. However, in the event that the owner cannot be contacted or immediate medical attention is required, this form also authorizes WIND RIVER TAILS & TRAILS and/or any of its owners, staff, partners, or volunteers to use their sole discretion in determining the need for immediate attention by a licensed veterinarian at the closest available facility.

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

Veterinary Office Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Veterinary Office Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

I give permission for Wind River Tails & 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: _____