

Pawsitive Pathways

Nonprofit Canine Rehabilitation Program
pawsitivepathwaysco@gmail.com

Pawsitive Pathways Program Intake Registration and Contract

This form must be completed entirely and signed prior to the transfer or admittance of any dog into the program.

The following form provides us with valuable information about this dog's health, personality and behavior so that training and future adoption is as successful as possible. Your honest answers are very necessary and appreciated. By signing below, I certify that the information I am about to provide is accurate and truthful to the best of my knowledge.

Completed by

Name: _____ Position/Title _____
Organization: _____
Address: _____
City: _____ Postal Code: _____
Main Phone: _____ Email: _____

Dog Information

Dog's Name: _____
Breed: _____
Color/Markings:: _____
Sex: Male [] Female [] Spayed/Neutered? Yes [] No []
Age/Birth Date: _____

How long has this dog been in your facility / care? _____

Where did this dog come from originally? _____

Vaccination and Medical History

Has this dog ever received any of the following vaccinations:

Rabies	Yes [] No []	Date Given _____	Expires On _____
DHPPv	Yes [] No []	Date Given _____	Expires On _____
Leptospirosis	Yes [] No []	Date Given _____	Expires On _____
Bordetella	Yes [] No []	Date Given _____	Expires On _____
K9 Influenza	Yes [] No []	Date Given _____	Expires On _____

Dog's Current Food/Diet _____

On any Medications or Supplements? _____
If yes to above, list times and doses _____

On Heartworm and/or Flea & Tick Prevention? _____
If yes to above, when was last dose given _____

Any known allergies? _____

Any known physical limitations or health concerns? (seizures, heart disease, arthritis, hip dysplasia, etc.)

Dog Behavior Profile

How does this dog *usually* react towards the following? Please check the boxes below:

Object / Behavior	Calm, Happy	Overexcited, Jumps	Shy, Fearful	Growling, Aggressive	Unknown
Men					
Women					
Children					
Strangers					
People They Known					
Other Dogs					
Cats					
Small Prey Animals					
Cars, Bicycles, etc.					

Does this dog have a history of any aggression or a bite history with humans or other animals? Yes [] No []

If yes, explain _____

Does this dog have any known problems in the following areas? Check any/all that apply or fill in the blanks.

- | | | | |
|----------------------|-----|--------------------------|-----|
| Digging | [] | Potty Training/Accidents | [] |
| Excessive Barking | [] | Fence Jumping | [] |
| Destructive Chewing | [] | Separation Anxiety | [] |
| Food or Toy Guarding | [] | Barrier Reactivity | [] |

Funding, Donations, and Sponsorship

Estimated costs per dog, based on 14 days spent in the Pawsitive Pathways Program:

Behavior Evaluation	\$75
Fostering & Training	\$490 (\$35/day)
Food & Treats	\$40
Leash & Collar	\$30
Vet Care & Prevention	\$300
Total	\$935

Payment methods accepted include: Cash, Local Checks, Venmo, and Paypal

- Local Checks made out to "Pawsitive Pathways Inc or Brandie D Jackson"
- Venmo - ID PK92020
- Paypal - ID Pawsitive Pathways

Parties / agents responsible and committed to sponsorship:

1. Name _____
 Signature _____
 Date _____
 Amount Contributed _____

2. Name _____
 Signature _____
 Date _____
 Amount Contributed _____

3. Name _____
 Signature _____
 Date _____
 Amount Contributed _____

4. Name _____
 Signature _____
 Date _____
 Amount Contributed _____

General Policy, Disclaimers and Agreements

1. I hereby represent and affirm that I am the legal owner / entity / organization of the dog(s) described above.
2. I understand that this dog will now be under the care and supervision of and will be living with Pawsitive K9 Solutions and Pawsitive Pathways and its staff for the mutually agreed upon amount of time or until completion of adoption is possible.
3. I hereby waive and release Pawsitive K9 Solutions and Pawsitive Pathways, it's employees, directors, owners and agents from any and all liability which the dog(s) may suffer, including specifically, but not without limitation, any injury or damage whatsoever arising from the dog(s) attendance and participation of services provided by Pawsitive K9 Solutions, Pawsitive Pathways.
4. I hereby agree to indemnify and hold harmless, Pawsitive K9 Solutions; it's employees, directors, owners and agents from any and all claims by any member of my family or any other person accompanying me to a function of PK9, or while attending the premises thereof, as a result of any action by any dog.
5. I hereby represent that the dog(s) is of good health and has not been ill with any known contagious diseases within the past 30 days.
6. I recognize that the health of the dog(s) is you, the owner's, responsibility. I hereby represent that all required vaccinations (Rabies and Distemper and Parvovirus) are up to date.
7. I further understand and agree that Pawsitive K9 Solutions and Pawsitive Pathways and their caregivers will not be held liable for any problems that might develop with the dog(s) including, but not limited to sickness, disease, injury, running away and death, provided that appropriate care and precautions are followed.
8. I understand and agree that any problem, concern, illness, injury or wound that develops with my dog(s) will be treated as deemed best by the caregivers of Pawsitive K9 Solutions at their sole discretion and that I assume full financial responsibility for any and all expenses incurred.
9. In the unfortunate event that a pet becomes deceased while at our facility, the body/remains will be transported to the pet's veterinarian listed on file, unless otherwise discussed and agreed upon with the pet's owner.
10. I understand and give permission for different treats and food items to be used and given to the dog while under the care and supervision of PK9. Such treats and food items used may or may not be labeled for dogs specifically, including but not limited to peanut butter, pumpkin, hotdogs, meat baby food, etc.
11. I understand and give permission for any training, handling, or control devices including but not limited to slip leads, training "choke" chains, prong collars, leashes, clickers, electronic collars, etc. may be used for the dog while in the care of Pawsitive K9 Solutions and Pawsitive Pathways.
12. I agree and give permission for the dog to be placed into a safe and secure crate or pen while under the supervision of Pawsitive K9 Solutions and Pawsitive Pathways for a period of no longer than 4 hours consecutively for purposes including but not limited to rest, sleep, eating, safety, etc.
13. I understand that the dog will be introduced to and commingled with other dogs, albeit in a structured, supervised environment.
14. I understand that this dog(s) may be videotaped or photographed for online, social media or advertising purposes.
15. Pawsitive K9 Solutions and Pawsitive Pathways reserves the right to remove a dog from our care or training sessions at any time to ensure the safety of other dogs as well as staff.
16. Pawsitive K9 Solutions reserves the right to refuse or excuse any dog from our facility or program, for any reason, at any time.
17. Pawsitive K9 Solutions and Pawsitive Pathways reserves the right to transport the dog in our care to and from our training center, our home boarding/fostering location, to public adoption events, to potential adopter's homes, etc.

18. In the joyous event that this dog finds an adopter/new home, you, the agent/organization, if already mutually agreed upon, will be responsible for the legal aspect and paperwork of adopting out and transferring the ownership of this dog.

Date: _____

Caretaker / Agent Signature: _____

Caretaker / Agent Name (print): _____

Rescue/Organization Name (print): _____

PK9 Staff Signature: _____

Staff Name (print): _____