

# **POSH PETS PET RESORT PLAY AND STAY APPLICATION**

## **WE HAVE A ZERO TOLERANCE POLICY ON BULLYING**

**We at Posh Pets realize that pet parenting has evolved tremendously in the past few years and most pet parents now consider their furry four-legged friends as family members. Just as parents of children do, most of today's pet parents feel that their fur baby is the prettiest, smartest and most perfect one of all. However, the reality of that is that sometimes their behavior is socially unacceptable and must be corrected. We make every effort to teach your posh PUP manners while they are in daycare so that everyone has an enjoyable experience. Therefore, sometimes we must discipline your PUP. We have a protocol set in place which includes the following measures we take for disciplinary of behavior and to work on their manners:**

**Time-out kennel**

**Spray Bottles filled with water**

**In the event that a fight should occur we will use a water hose with sprayer attached to break up the two if needed.**

**Please complete the following questions to the best of your knowledge to help us determine the best care for your pup. In the event that your pup should engage in an attack you will be held responsible for all medical bills incurred by both parties. Your signature guarantees that you have given us true information and are in agreement with our policies and procedures.**

**CONTACT INFO:**

YOUR NAME:

DATE:

ADDRESS:

CELL:

WORK:

EMAIL:

**EMERGENCY CONTACT IF WE CANT REACH YOU**

NAME:

PHONE:

**PLEASE TELL US HOW YOU HEARD ABOUT US:**

(PLEASE GIVE THE NAME SO WE CAN THANK THEM REFERAL)

WEBSITE

FACEBOOK

LOCAL ADVERTISEMENT

OTHER

**PLEASE TELL US ABOUT YOUR POSH PET PUP**

NAME:

BREED:

AGE:

HOW LONG HAVE THEY LIVED WITH YOU:

IS YOUR POSH PET PUP SPAYED/NEUTERED

APPROXIMATE WEIGHT:

**NAME BRAND OF PUP FOOD:**

CANNED/DRY:

HOW OFTEN DO YOU FEED YOUR PUP:

ONCE DAILY

TWICE DAILY

FREE FEED

OTHER

SPECIAL INSTRUCTIONS FOR FEEDING:

**ANY MEDICATIONS TO ADMINISTER WHILE YOUR PUP IS OUR GUEST? IF SO, PLEASE LIST BELOW:**

1.

2.

**VET INFORMATION**

VETS NAME:

PHONE:

ADDRESS:

DATE OF MOST RECENT VISIT:

ANY MEDICAL ISSUES WE SHOULD BE AWARE OF:

**IS YOUR POSH PET PUP CURRENT ON VACCINATIONS?**

(PLEASE CHECK AT THAT APPLY)

RABIES     DISTEMPER/ PARVOVIRUS     BORDETELLA  
(kennel cough)

***A COPY OF YOUR POSH PET PUP MOST RECENT VACCINATION RECORD MUST BE SENT PRIOR TO YOUR DOGS FIRST VISIT TO POSH PETS OR BROUGHT WITH YOU AT TIME OF DROP OFF. OUR EMAIL ADDRESS IS: CONTACT@POSHPETSSETX.COM.***

WE REQUIRE ALL OF OUR POSH PET PUPS TO HAVE A BORDETELLA VACCINATION EVERY SIX MONTHS.

**CURRENT ON MONTHLY FLEA AND TICK PREVENTION?**

YES         NO

PLEASE NOTE, IF FLEAS ARE FOUND ON ANY DAYCARE OR BOARDING PUP, A ONE-TIME DOSE OF CAPSTAR WILL BE ADMINISTERED AT OWNERS EXPENSE, AND THE POSH PET PUP WILL BE ISOLATED UNTIL FLEAS ARE NO LONGER DETECTED.

**HISTORY**

THE ANSWERS TO THE FOLLOWING QUESTIONS WILL HELP US PROVIDE THE MOST APPROPRIATE, ENJOYABLE ENVIRONMENT FOR YOUR PET. WE KNOW THIS IS EXTENSIVE, BUT PLEASE ANSWER AS COMPLETELY AS POSSIBLE.

**PREVIOUS DAYCARE EXPERIENCE:**

HAS YOUR PUP EVER ATTENDED DAYCARE BEFORE?  YES     NO

IF YOUR ANSWER IS YES:

HOW DID THEY RESPOND?

HOW DID YOU FEEL ABOUT THE EXPERIENCE? PLEASE TELL US ANY POSITIVE OR NEGATIVE OBSERVATIONS.

**WHAT LED YOU TO LOOK FOR A NEW DAYCARE FOR YOUR PUP?**

**DO YOU HAVE ANY CONCERNS ABOUT YOUR PUP COMING TO DAYCARE? PLEASE BE SPECIFIC:**

**DOES YOUR PUP HAVE ANY PHYSICAL LIMITATIONS?**

**DOES YOUR PUP HAVE ANY DIETARY RESTRICTIONS OR ALLERGIES?**

**CAN THEY HAVE TREATS?**

**DOES YOUR PUP HAVE ANY TOYS OR POSSESSIONS THEY PREFER NOT TO SHARE WITH OTHER PUPS?**

**HOW DOES YOUR PUP LET OTHER PUPS KNOW THAT THEY DON'T WANT TO SHARE? PLEASE BE SPECIFIC.**

**DOES YOUR PUP HAVE ANY TOYS OR POSSESSIONS THEY PREFER NOT TO SHARE WITH HUMANS?**

**WHEN YOUR PUP IS RESTING, HOW DO THEY RESPOND IF ANOTHER PUP APPROACHES THEM?**

**WHEN RESTING, HOW DOES YOUR PUP RESPOND TO A HUMAN APPROACHING?**

**HOW DOES YOUR PUP REACT WHEN ANOTHER PUP APPROACHES YOU?**

**IF YOU HAVE FOOD, TREATS, OR TOYS, DOES THIS REACTION CHANGE?**

### **PUP SOCIALIZATION**

**HOW MANY PUP FRIENDS DOES YOUR PUP HAVE?**

**ONE OR TWO?            A FEW?            SOCIAL BUTTERFLY?**

**HOW OFTEN DOES YOUR PUP HAVE A CHANCE TO MEET NEW FRIENDS?**

**RARELY            OCCASIONALLY            WEEKLY?**

**HOW DOES YOUR PUP WARM UP TO NEW PUP ACQUAINTANCES?**

**QUICKLY            SLOWLY, BUT DURING THE FIRST MEETING**

**DOES IT TAKE SEVERAL MEETINGS?**

**HOW DO THEY RESPOND DURING THE FIRST MEETING?**

WHEN YOUR PUP MEETS A NEW FRIEND, HOW IS YOUR PUP MOST COMFORTABLE?

-TOUCHING AND INTERACTING WITH EACH OTHER?

-BEING NEAR, BUT NOT INTERACTING?

-AT A DISTANCE?

-ARE THEY COMFORTABLE AT ALL?

**HAS YOUR PUP EVER HAD AN ALTERCATION WITH ANOTHER PUP?**

PLEASE BE HONEST. DID IT INVOLVE:

MALES, FEMALES, SPECIFIC BREED OR CERTAIN SIZE OF PUP?

PUPPIES, ADOLESCENT OR YOUNG PUPS, OR AN OLDER PUPS

A PARTICULAR STYLE OF PLAY (CHASING, ET CETERA)?

TOO CLOSE OF A DISTANCE?

TOO LONG OF A GREETING? SNIFFING YOUR PUPS REAR END?

PLEASE TELL US WHAT HAPPENED:

**PUP PLAY--- THIS HELPS US DETERMINE WHO WILL BE THE BEST FIT FOR YOUR PUP**

WHAT KIND OF PUP DOES YOUR PUP LIKE TO PLAY WITH? (CHECK ALL THAT APPLY)

SMALL PUPS?  MEDIUM SIZED PUPS?  BIG PUPS?  OLDER PUPS?   
YOUNGER PUPS?  ENERGETIC PUPS?  LAID BACK PUPS?

ARE THERE ANY KINDS OF PUPS THAT YOUR PUP PREFERS NOT TO PLAY WITH?

HAS YOUR PUP EVER CLIMBED, DUG, OR JUMPED A FENCE OR BARRIER?

WHAT KIND (EXAMPLE, CHAIN-LINK, ET CETERA)?

**PUP PEOPLE RELATIONS**

DOES YOUR PUP WARM UP TO NEW PEOPLE IMMEDIATELY, RATHER QUICKLY, OR DOES YOUR PUP NEED SOME TIME?

TERRITORIAL WITH THEIR "POSSESSIONS"?

FOOD      OWNER      TOYS      SPACE (SUCH AS A BED, COUCH)      OTHER?

ANY ISSUES WITH BEING REACHED FOR, PICKED UP, OR PETTED?

## **LIABILITY WAIVER & POLICIES**

**(Continued and Signature required)**

1. Posh Pets Pet Resort will endeavor to offer only sound, safe, and responsible care for my PUP(s).

However, I have been told that in order for my PUP(s) to attend daycare or boarding that they must be vaccinated every 6 months for Kennel Cough. I also understand the risks inherent in boarding my PUP, including but not limited to interactions with other dogs and potential exposure to disease and parasites and that just because my PUP(s) have been vaccinated for kennel cough that does not mean they are 100% protected from getting the disease.

Further, I am and will remain responsible for the actions of my PUP at all times and I hereby agree to indemnify and hold harmless Posh Pets Pet Resort of any and all claims of illness, injury, expense, costs, or damages caused by the actions of my PUP while under Posh Pets Pet Resort care. I have been told by Posh Pets Pet Resort and understand the inherent risks of owning a PUP, including but not limited to the risk of PUP bites to myself or others. I recognize that Posh Pets Pet Resort is not responsible for any unintentional errors, omissions, or incorrect assertions. I understand that the recommendation of any other product or service is not a guarantee of my satisfaction with that product or service.

2. I authorize emergency medical care to be provided for my PUP(s) by the above-named veterinarian, or an appropriate alternate to be determined by Posh Pets Pet Resort in the event that my regular veterinarian is not available or that closer care is required. I will reimburse Posh Pets Pet Resort for any charges related to emergency care.

I authorize Posh Pets Pet Resort to administer or seek first aid and resuscitation care for my PUP(s) as determined appropriate by Posh Pets Pet

**Resort and I agree to indemnify and hold harmless Posh Pets Pet Resort for all and any results thereof.**

**I DO NOT authorize Posh Pets Pet Resort to administer or seek 1st aid and resuscitation care for my PUP(s) as determined appropriate by Posh Pets Pet Resort and I agree to indemnify and hold harmless Posh Pets Pet Resort for all and any results thereof.**

**3. Payment Policy:**

**--Payment is due at the time PUP(s) is/are picked up from Posh Pets with the exception of boarding.**

**--Overnight stays must be paid at the time of drop off. Any balance due must be paid at time of pickup.**

**--Credit cards, checks, and cash are accepted for payment.**

**Returned checks will be charged a \$25 fee.**

**4. Cancellation Policy:**

**If a cancellation is necessary, please give us a much notice as possible so that we may offer the availability to other guests.**

**5. Grooming Policy:**

**Any PUP that arrives with fleas will be given a dose of Spot On at owner's expense (\$15/dose) and kept quarantined from other pup's until fleas are gone.**

**6. Stress-induced diarrhea. I understand that boarding pup's may arrive with or develop diarrhea as a condition of stress related to separation from an owner and the uncertainty of the owner's return. This may result in a need to supplement or modify the PUP's normal diet with products that contain high fiber content and probiotics to regain the normal balance of intestinal flora during a prolonged stay. When this occurs, I understand that I will be notified by Posh Pets Pet Resort staff and that there will be an additional charge for each feeding containing these ingredients. If the diarrhea progresses to the point that medical intervention is needed, I will be informed by Posh Pets Pet Resort Staff (or my emergency contact will be notified in the event I cannot be reached) and I will be responsible for any additional costs related to veterinary care or prescribed medication.**

**This contract is validated by the signatures below in total and as approval for future services without additional written authorization.**

**Posh Pet Pup Parent:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## Off-Leash Play Application

We love dogs and want your dog to love coming to our off-leash playgroup. No one knows your dog better than you, so we'd appreciate you taking the time to fill out this application. The more we know about the dogs in our care, the better our playgroups will be.

Owner's Name(s):	Today's Date:
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### Dog Information

*Please submit one application for each dog who you would like to have in off-leash play*

Dog's Name:	Breed: if a mix, list two predominant breeds in behavior:
1a. Current age	Years:                      Months:
1b. How long have you owned your dog?	
2. Where did you get your dog? <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Breeder <input type="checkbox"/> Pet Store <input type="checkbox"/> Animal Shelter <input type="checkbox"/> Animal Rescue Group <input type="checkbox"/> Friend <input type="checkbox"/> Found As Stray <input type="checkbox"/> Other _____	What knowledge do you have of your dog's past history?  _____
3. Why are you considering our off-leash dog play program for your dog? (check all that apply) <input type="checkbox"/> Play with other dogs <input type="checkbox"/> So not home alone; check if <input type="checkbox"/> exhibits symptoms of separation anxiety <input type="checkbox"/> Exercise: <input type="checkbox"/> Primary source or <input type="checkbox"/> Additional source of exercise <input type="checkbox"/> Recommended by other pet professional (trainer, vet, etc.); Reason: _____ <input type="checkbox"/> Other: _____	
4. Which of the following best describes your dog's level socialization with other dogs: <input type="checkbox"/> None – No knowledge of other dog interaction <input type="checkbox"/> Minimal – On leash encounters only <input type="checkbox"/> Moderate – Some off-leash playtime on occasion with visitor's/neighbor's/friend's dog(s) <input type="checkbox"/> Extensive – Regular visits to dog social events, off-leash dog parks, dog daycare, etc.	
5a. Has your dog had any problems previously in an off-leash social environment? <input type="checkbox"/> No <input type="checkbox"/> Yes, (check all that apply) <input type="checkbox"/> Altercation or fight at a public dog park <input type="checkbox"/> Altercation or fight with a neighbor or friend's dog <input type="checkbox"/> Fearful reaction in a group of dogs <input type="checkbox"/> Dismissed from a prior dog daycare or social playgroup program (complete item 5b) <input type="checkbox"/> Other (please describe)	
5b. <i>Only complete if you answered yes in 5a that your dog was dismissed from a prior program.</i> What reason were you given as to why your dog was dismissed?  Check each statement below that applies to the situation that resulted in your dog's dismissal. <input type="checkbox"/> My dog was injured, no medical treatment required <input type="checkbox"/> My dog was injured and required medical treatment <input type="checkbox"/> Another dog was injured, no medical treatment required <input type="checkbox"/> Another dog was injured and required medical treatment <input type="checkbox"/> A person was injured, no medical treatment required <input type="checkbox"/> A person injured and required medical treatment  Provide any other comments you want us to know about this situation.  _____	

## Health History

6. Please describe your dog's flea/tick control and prevention program:	
7. Does your dog have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	
8. Does your dog have any physical disabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain disability & cause:  If answered yes, what restrictions need to be placed on your dog's activities or movements? <input type="checkbox"/> No jumping <input type="checkbox"/> No running <input type="checkbox"/> No hard play <input type="checkbox"/> No contact with other dogs <input type="checkbox"/> Other (Please explain)	
9. Does your dog have any medical conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: If medication is used to control the condition, please provide name and dosage.	
10. Provide details of your dog's diet – a. <i>type</i> (kibble, canned, raw/natural): b. <i>brand</i> (Innova, Iams, Purina, etc.): c. <i>primary protein source</i> : d. <i>feeding schedule</i> :	
11. On what type of surface does your dog generally go to the bathroom (e.g., grass, mulch, pee pads)?	
12. Does your dog have any bathroom-related issues or concerns?	
13 a. How often do you brush or comb your dog's coat?	13b. How does your dog react to having his/her nails clipped?
13c. Does your dog like to be brushed? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, what have you tried to make it more enjoyable?	
14. Does your dog have any sensitive areas on his/her body? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where?	
15. Where are your dog's favorite petting spots?	
16a. How frequently is your dog walked outside?	16b. How long are your walks?
17. Check the box below that best represents your dog's overall level of exercise routine: <input type="checkbox"/> Couch Potato: Spends days sleeping, occasional walks and/or playtime with humans or other dogs. <input type="checkbox"/> Mild Exerciser: Short daily walks and/or regular playtime with human or other dogs. <input type="checkbox"/> Moderate Exerciser: Long or multiple walks daily and/or regular playtime with human or dogs. <input type="checkbox"/> Athlete: Regular jogs/runs and/or regular participation in a dog sport activity such as agility, flyball, frisbee, etc.	

**Household Information**

18. Complete table with information on other pets in household:

Breed	Age	Sex	Spayed or Neutered
1.		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have cats? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many cats do you have?		How does your dog get along with your cats? How does he react to unfamiliar cats he sees on walks?	

19a. Does your dog like children? <input type="checkbox"/> Yes <input type="checkbox"/> No	
19b. How does your dog behave around children?	19c. How does your dog get along with other household animals?
20. Do any visitors bring their dog(s) to your house? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how do they get along?	
21. How does your dog react to a stranger coming into your home or yard?	
22. Does your dog ever bark or growl at anyone passing outside your home or yard? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	
23. Are there any types and/or breeds of dogs your dog seems to automatically fear or dislike? <input type="checkbox"/> Yes <input type="checkbox"/> No, If yes, please describe:	
24. How does your dog react to puppies?	
25. How does your dog react to another dog approaching him/her in a park, at the beach, or on a walk? a. On Leash:	b. Off Leash:
26. Does your dog play with other dogs? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, which type? <input type="checkbox"/> Male and females <input type="checkbox"/> Only males <input type="checkbox"/> Only females  Please describe size, breed, & temperament of the other dogs.	

27. What kinds of games does your dog play with other dogs?	
28. What kinds of games does your dog play with people?	
29. Has your dog ever shared his/her food or toys with other animals? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how does your dog react to another dog approaching his/her food or toys?	
30. Which commands does your dog know? (please check all that apply)  <input type="checkbox"/> Sit <input type="checkbox"/> Stay <input type="checkbox"/> Down <input type="checkbox"/> Come <input type="checkbox"/> Heel <input type="checkbox"/> Rollover <input type="checkbox"/> Kisses <input type="checkbox"/> High Five <input type="checkbox"/> Other: _____	
31. How did your dog get his/her obedience training? (Please check all that apply) <input type="checkbox"/> Attended one group class <input type="checkbox"/> Attended more than one level of group classes (beginner and intermediate, etc.) <input type="checkbox"/> Dog was sent to a board and train program <input type="checkbox"/> Private sessions in home <input type="checkbox"/> Other, please explain:	
32. Which of the following best describes the use of obedience cues with your dog at home? <input type="checkbox"/> Key part of daily communication <input type="checkbox"/> Used when we go on walks or have people over <input type="checkbox"/> Used occasionally to better control behavior <input type="checkbox"/> Rarely used <input type="checkbox"/> Not applicable	
33. What kind of a collar do you use to walk your dog?  <input type="checkbox"/> Buckle <input type="checkbox"/> Nylon/Chain Choke Collar <input type="checkbox"/> Harness – Leash Clips on Back <input type="checkbox"/> Harness – Front Clip <input type="checkbox"/> Head Collar <input type="checkbox"/> Prong/Pinch <input type="checkbox"/> Other:	
34. Is it effective in keeping him/her under control? <input type="checkbox"/> Yes <input type="checkbox"/> No	
35. Has your dog ever gotten away from someone when out for a walk? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain circumstances:	
36a. Where does your dog sleep? <input type="checkbox"/> Inside the house <input type="checkbox"/> Outside the house <input type="checkbox"/> Inside/Outside-varies	
36b. In which room in the house does your dog sleep?	36c. Where in the room does your dog sleep? <input type="checkbox"/> Crate <input type="checkbox"/> Owner's bed <input type="checkbox"/> Dog Cushion/Bed on floor <input type="checkbox"/> Other (Please describe)
37. Has your dog ever jumped up on someone? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what were the circumstances?	
38. How does your dog act when you get home at the end of the day?	

39. What does your dog do to show he/she is happy?	
40. What does your dog do to show he/she is upset?	
41. Is your dog allowed on the furniture at home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
42. Does your dog have any problems in any of the following areas? If yes, please explain.	
<input type="checkbox"/> Mouthing _____	
<input type="checkbox"/> Housetraining: _____	
<input type="checkbox"/> Barking: _____	
<input type="checkbox"/> Digging: _____	
<input type="checkbox"/> Ignoring commands: _____	
43. Does your dog know any tricks? If yes, please describe.	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Dog Behavior Information**

44. Are there any particular types of people your dog seems to automatically fear or dislike?	
45. Has your dog ever growled at someone? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what were the circumstances and how did you respond?	
46. Has your dog ever bitten a person? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what were the circumstances and how did you respond? Please describe injuries (if any).	
47. Has your dog ever bitten another animal? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what were the circumstances and how did you respond? Please describe any injuries if there were any.	
48. To the best of your knowledge, what does your dog do when you're not at home?	
49. Has your dog ever climbed/jumped a fence? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what were the circumstances? How high was the fence?	
50. Has your dog ever escaped from your house or yard? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain the circumstances:	

<p>51. How would you describe the energy level of your dog?  <input type="checkbox"/> Low   <input type="checkbox"/> Medium   <input type="checkbox"/> High</p>
<p>52. Has your dog ever chased or tried to chase a small animal? <input type="checkbox"/> Yes   <input type="checkbox"/> No   If yes, what were the circumstances?</p>
<p>53. Has your dog ever chased someone (or wanted to) on a skateboard or bicycle? <input type="checkbox"/> Yes   <input type="checkbox"/> No   If yes, what were the circumstances?</p>
<p>54. Is your dog frightened by thunderstorms? <input type="checkbox"/> Yes   <input type="checkbox"/> No   If yes, describe typical behavior &amp; what specifically helps to relax your dog or calm his/her fear.</p>
<p>55. Is your dog frightened or nervous around anything else? <input type="checkbox"/> Yes   <input type="checkbox"/> No   If yes, please explain.</p>
<p>56. Does your dog play with any toys? <input type="checkbox"/> Yes   <input type="checkbox"/> No   If yes, what kinds of toys does your dog like?</p>
<p>57. Has your dog ever growled or snapped at a person who has taken food or toys away from him/her? <input type="checkbox"/> Yes   <input type="checkbox"/> No   If yes, what were the circumstances and how did you respond?</p>
<p>58. Has your dog ever growled or snapped at another dog who has taken food or toys away from him/her? <input type="checkbox"/> Yes   <input type="checkbox"/> No   If yes, what were the circumstances and how did you respond?</p>
<p>59. Have you ever noticed your dog stopping and staring at another animal? <input type="checkbox"/> Yes   <input type="checkbox"/> No   If yes, what were the circumstances?</p>
<p>60. Other comments or information about your dog that you feel might be helpful?</p>

Thank you for the time you spent completing the application form. We look forward to meeting you and your dog on evaluation day. Please contact us if you have any questions on the next steps of the evaluation process.