



# Wonder Dog Ranch

220 Taylor Street, Monrovia, CA 91016  
[www.WonderDogRanch.com](http://www.WonderDogRanch.com)



## Enrollment Checklist

To begin the enrollment process for your dog, please:

- Complete and sign this Enrollment Checklist
- Complete the Dog Guardian Data Sheet
- Complete the Dog Data Sheet
- Attach your vet records (or arrange to have them sent to us)
- Acknowledge and agree to the following:

I represent to **Wonder Dog Ranch** that I am the owner of the specified Dog(s) and am fully authorized to enter into an agreement for services from **Wonder Dog Ranch** and will be responsible and will timely pay for the cost of all services from **Wonder Dog Ranch** in accordance with the *Service Agreement for Dog Day Care and Boarding* to be completed at the initiation of service.

My Dog(s) is/are in good health, current on vaccinations (DHPP, Rabies and Bordetella) and treated regularly for flea/tick prevention. Unless special arrangements have been made, the dog(s) who will stay at **Wonder Dog Ranch** has been fixed (spayed or neutered).

I understand the inherent risk involved in leaving my dog with caretakers and other dogs at **Wonder Dog Ranch** and acknowledge that dogs who participate in group activities while in the care of **Wonder Dog Ranch** may get scratched or nicked while playing with other dogs; they may be injured or get sore, ill, or soiled; they may injure another dog or individual; and/or an emergency situation may arise that will require evacuation or relocation or transportation or treatment of my dog(s): in any event, I understand that I am 100% responsible for my own dog(s) physically, financially, and in regards to health, injury, or otherwise, even if not the fault of my own dog, and I assume all responsibility for all costs associated with the reasonable treatment and handling of my dog and my property while under the care of **Wonder Dog Ranch** and I release **Wonder Dog Ranch**, its owners, employees, contractors, and agents from any liability.

I will provide and authorize my Veterinarian to provide, copies of vaccination/medical records to **Wonder Dog Ranch**.

Dog(s) Name: \_\_\_\_\_

Guardian's Printed Name: \_\_\_\_\_

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

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

Email address: \_\_\_\_\_

- Yes, please add me to your email list.  
(I know there won't be spam, just info related to **Wonder Dog Ranch**.)

Yeeha! Now you're ready to schedule your free Evaluation Session.

We look forward to having your dog join the herd at **Wonder Dog Ranch**.