Josh’s Doghouse

Pet Intake Documents

Table of Contents

1. About Josh's Doghouse

Josh's Doghouse is a nonprofit boarding facility for Pets with owners seeking inpatient, residential treatment for substance use disorder who are in financial need.

The forms below collect the information Josh's Doghouse needs for recordkeeping and compliance purposes.

Josh's Doghouse reserves the right to deny boarding to any Pet or individual for any or no reason. A final determination regarding boarding of your Pet(s) will be made after review of this completed intake form.

If you have any questions as you work through these documents, please reach out to Philip Sharp via email at joshsdoghouse@gmail.com.

2. Your Information & Pet Waiver

Your Name: _____ Date _____

Your Phone Number: _____

Your Address: _____

Inpatient Substance use disorder Treatment Facility you are Attending: _____

Phone Number for Treatment Facility you are Attending: _____

Address for the Treatment Facility you are Attending: _____

How long to you expect to be in residential treatment? _____

If you do not return from residential treatment in the expected timeframe, do you have a plan for where the Pet will stay? Tell us about your plan below.

_____

_____

Josh's Doghouse will providing boarding and/or foster services for your Pet while you are in treatment.

It is your responsibility to pick up your Pet after treatment. Josh's Doghouse will exercise its best efforts to board or foster your Pet for as long as possible. If you do not return to retrieve your Pet within a reasonable amount of time, Josh's Doghouse may be forced to find your Pet an adoptive home. If Josh's Doghouse is unable to find an adoptive home for the Pet, Josh's Doghouse may be forced to take the Pet to a local animal shelter.

Josh's Doghouse will attempt to notify you at the phone number above when and if Josh's Doghouse begins the search for an adoptive home for your Pet. Josh's Doghouse will continue to provide updates regarding your Pet at the phone number provided above.

You hereby give consent and authority to the Josh's Doghouse to obtain an adoptive family for your Pet, should you fail to return to retrieve your Pet. You hereby release, forever discharge, and hold harmless Josh's Doghouse from any claim whatsoever in connection with placing your Pet in a foster or adoptive family and/or taking your Pet to an animal shelter.

If your Pet is not spayed or neutered, Josh's Doghouse may have the Pet spayed or neutered. You hereby release, forever discharge, and hold harmless Josh's Doghouse from any claim whatsoever in connection with spaying or neutering the Pet.

If your Pet does not have a microchip, Josh's Doghouse may have the Pet microchipped. If Josh's Doghouse microchips the Pet, the microchip will have Josh's Doghouse's contact information associated with it. You hereby release, forever discharge, and hold harmless Josh's Doghouse from any claim whatsoever in connection with microchipping your Pet.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD ALL OF THE TERMS OF THIS RELEASE AND THAT I AM VOLUNTARILY GIVING UP SUBSTANTIAL LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE JOSH'S DOGHOUSE.

I affirm that I am of sound mind and enter into this agreement willingly and without coercion and that I have reached majority age (18 years of age) prior to the execution of this Agreement.

_____ _____

Signature Date

_____

Printed Name

3. Pet(s) Information

Pet #1

Your Pet's Name: _____ Your Pet's Age _____

Your Pet's Sex: _____

Is your Pet spayed or neutered? Yes No (circle one)

Does your Pet have a microchip? Yes No (circle one)

Tell us about your Pet's temperament:

_____
_____
_____

Has your Pet ever bit a human, another Pet, or another animal? _____

Is there anything else we should know about your Pet to support their boarding experience or safety?

_____
_____
_____

Pet #2

Your Pet's Name: _____ Your Pet's Age _____

Your Pet's Sex: _____

Tell us about your Pet's temperament:

_____
_____
_____

Has your Pet ever bit a human, another Pet, or another animal? _____

Is there anything else we should know about your Pet to support their boarding experience or safety?

_____
_____
_____

Pet #3

Your Pet's Name: _____ Your Pet's Age _____

Your Pet's Sex: _____

Tell us about your Pet's temperament:

_____
_____
_____

Has your Pet ever bit a human, another Pet, or another animal? _____

Is there anything else we should know about your Pet to support their boarding experience or safety?

_____
_____
_____

If you have more than 3 Pets, please let us know and we can provide you with additional room to fill out the information above for each Pet.

4. Your Pet's Veterinary Needs and Liability Waiver

Is your Pet on any medications? If so, list them below:

_____

_____

_____

How will you make your Pet's medicine available to Josh's Doghouse and your Pet(s) while you are in residential treatment?

_____

_____

Is your Pet sick? As your Pet been displaying any symptoms of sickness and/or odd behavior?

_____

Is your Pet up to date on vaccinations? _____

Does your Pet have a current vet? If yes, what is the name and phone number for the veterinarian?

_____

It is your responsibility to consult with your veterinarian prior to boarding your Pet(s) with Josh's Doghouse to ensure boarding will not pose any risks the Pet's health and wellbeing. Josh's Doghouse is not liable for the cost or outcome of any medical issue which may arise during the course of boarding.

You hereby give consent and authority to the Josh's Doghouse to obtain veterinary treatment on your Pet(s) behalf if my Pet is injured or requires medical attention during boarding. You understand and agree that you are solely responsible for all costs related to such veterinary treatment, veterinary transportation, and/or evacuation. You hereby release, forever discharge, and hold harmless Josh's Doghouse from any claim whatsoever in connection with such veterinary treatment or other veterinary services.

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I affirm that I am of sound mind and enter into this agreement willingly and without coercion and that I have reached majority age (18 years of age) prior to the execution of this Agreement.

_____ _____

Signature Date

_____

Printed Name

5. Financial Need Assessment

Josh's Doghouse
Financial Need Assessment

Please take 5 minutes to fill out this Financial Need Assessment to determine if you are eligible to receive financial aid from Josh's Doghouse. Financial aid, if any, shall be provided in accordance with Section 501(c)(3) rules and regulations and in a non-discriminatory manner.

Financial aid shall be in the form of free or reduced Board Service charges for the boarding of Pet(s) at Josh's Doghouse

Which of the following expenses place a burden on your financial well-being? Check all that apply.
- o Living expenses
- o Childcare expenses
- o Saving
- o Medical expenses
- o None of these

What is your approximate salary? $_____ What is your approximate take-home pay? $_____

Are you a single-income family? _____How many dependents to you have? _____

Below, please explain how financial aid from Josh's Doghouse would help improve your financial situation.

_____
_____
_____

Your Name	
Your Address	

To your knowledge, do you have any relation (business or familial) to any employee, board member, or volunteer at Josh's Doghouse?	o No o Yes- Explain below _____ _____
Signature of Recipient	_____

For Josh's Doghouse Use ONLY	
Did the individual receive Boarding Services free of charge? (circle one) Y N What was the estimated value of Boarding Services received free of charge? $_____	Signature _____ Printed Name _____

6. Medical Information Release

Treatment Center, Detox, Counselor

I, _____, give _____ permission to release information about my program and progress to Josh's Doghouse and its administrators. This includes behavioral information, medication profiles and any other pertinent information Josh's Doghouse needs to ensure appropriate care for my Pet(s).

_____ Date:_____
Signature

_____
Printed Name

I, _____, give Josh's Doghouse permission to release information about my program and progress to _____ and to any actual or potential foster or adoptive home for my Pet(s), should such foster or adoptive home become necessary. This includes behavioral information, medication profiles and any other pertinent information Josh's Doghouse needs to ensure appropriate care for my Pet(s).

_____ Date:_____
Signature

_____
Printed Name

7. Liability Waiver and Release

Josh's Doghouse
Boarding Waiver and Release

I desire to board my Pet(s) at Josh's Doghouse (the "Organization") while I am seeking residential treatment for substance use disorder ("Boarding Activities.")

In exchange for being allowed to participate in the Boarding Activities and for other good and valuable consideration, the receipt and sufficiency of which I acknowledge, I hereby freely, voluntarily, and without duress execute this Release and agree to the following terms:

1. Assumption of Risk. I am aware and understand that the Boarding Activities may be inherently dangerous and may expose me and my Pet(s) to a variety of foreseen and unforeseen hazards and risks. I understand these risks may include, but are not limited to, property damage, injury, death, illness, witnessing trauma and traumatic experiences, violence, possible exposure to wild animals, and other various hazards. I acknowledge that I am voluntarily participating in the Boarding Activities and have considered those risks. I hereby expressly and specifically assume such risks for both me and for my Pet(s), including any and all risk of injury, illness, harm, or loss that I may incur as a result of my participation in the Boarding Activities.

2. Medical Treatment. I hereby give consent and authority to the Organization to obtain medical treatment on my behalf if I am injured or require medical attention during my participation in the Boarding Activities. I understand and agree that I am solely responsible for all costs related to such medical treatment, medical transportation, and/or evacuation. I hereby release, forever discharge, and hold harmless the Organization from any claim whatsoever in connection with such treatment or other medical services.

3. Release and Waiver. I hereby fully and forever release and discharge the Organization, its directors, employees, agents, volunteers, and other representatives, directors, employees, agents, volunteers, and other representatives (the "Released Parties"), from, and expressly waive, any and all liability, claims, and demands of whatever kind or nature, either in law or in equity that may arise from my participation in the Boarding Activities. I covenant not to make or bring any such claim or demand against the Released Parties, and fully and forever release and discharge the Released Parties from liability under such claims or demands.

I UNDERSTAND THAT THIS RELEASE DISCHARGES THE RELEASED PARTIES FROM ANY LIABILITY OR CLAIM THAT I MAY HAVE AGAINST THE RELEASED PARTIES WITH RESPECT TO ANY BODILY INJURY, PERSONAL INJURY, ILLNESS, DEATH, PROPERTY DAMAGE, OR PROPERTY LOSS THAT MAY RESULT FROM THE BOARDING ACTIVITIES, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASED PARTIES OR OTHERWISE.

4. Indemnification. I hereby agree to indemnify, defend, and hold harmless the Released Parties from any and all liability, losses, damages, judgments, or expenses, including attorneys' fees that it may incur or sustain as a result of my negligence, recklessness, or willful misconduct in connection with my participation in the Boarding Activities, arising out of any third-party claim.

5. Photographic Release. I understand and agree that during the Boarding Activities, I and/or my Pet(s) may be photographed and/or videotaped by the Organization for internal and/or promotional use. I hereby grant and convey to the Organization all right, title, and interest, including but not limited to, any royalties, proceeds, or other benefits, in any and all such photographs or recordings, and consent to the Organization's use of my or my Pet(s) name, image, likeness, and voice in perPetuity, in any medium or format, for any publicity without further compensation or permission.

6. Miscellaneous. I hereby agree that this Release represents the full understanding between the Organization and me and supersedes all other prior agreements, understandings, representations, and warranties, both written and oral, between us, with respect to the subject matter hereof. If any term or provision of this Release shall be held to be invalid by any court of comPetent jurisdiction, that term or provision shall be deemed modified so as to be valid and enforceable to the full extent permitted. The invalidity of any such term or provision shall not otherwise affect the validity or enforceability of the remaining terms and provisions. This Release is binding on and inures to the benefit of the Organization and me and our respective heirs, executors, administrators, legal representatives, successors, and permitted assigns. Section headings are for convenience of reference only and shall not define, modify, expand, or limit any of the terms of this Release.

7. Governing Law. All matters arising out of or relating to this Release shall be governed by and construed in accordance with the internal laws of the State of Oklahoma without giving effect to any choice or conflict of law provision or rule (whether of the State of Oklahoma or any other jurisdiction). Any claim or cause of action arising under this Agreement may be brought only in the federal and state courts located in Oklahoma and I hereby consent to the exclusive jurisdiction of such courts.

8. COVID-19. I understand that the Organization will follow state and local requirements for COVID-19 mitigation. I agree to follow such requirements, if any. I understand that this may include me to wear a mask and/or social distance, where required.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD ALL OF THE TERMS OF THIS RELEASE AND THAT I AM VOLUNTARILY GIVING UP SUBSTANTIAL LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE THE ORGANIZATION.

_____ _____

Signature Date

_____

Printed Name