



"Four Paws, Two Feet, One Team"

Customer Handbook

13920 Llagas Avenue
San Martin, CA 95046
Phone: 408-683-9010
Fax: 408-683-9012

Business Hours Mon-Sun 7am to 7pm
We are staffed 24/7/365

Welcome and thank you for choosing the Operation Freedom Paws Commercial Kennel to care for your dog. Operation Freedom Paws is a fully licensed, bonded and insured commercial kennel, permitted by the County of Santa Clara Division of Animal Care & Control. All proceeds from our Kennel services benefit our non-profit program: matching rescued dogs with veterans and others with disabilities to train as a service dog team.

The following information is about our rules, requirements and policies.
You are welcome to call our office at any time for any reason.

Health, Parasites, and Vaccinations

Only healthy and contagion-free dogs will be accepted into our care programs. All puppies must be over 12 weeks of age or have had two Distemper/Parvo vaccinations. A veterinary health release will be required for any puppy younger than 12 weeks.

All dogs/puppies that attend any of our care programs must be flea free. We check for fleas upon entry into our facility. If fleas are detected, we will treat with flea treatment. OFP can and will administer flea treatment at the owner's expense.

A veterinary health release may be required for any dog that has or has had a serious illness or injury. If a dog is determined to have a serious health condition or is senior in age we will also require a directive from the owner.

For any dog that we determine requires more attention than others due to their health or other reasonable circumstances will be placed in the Kennel Room in building B for their stay with us. The stay in the Kennel Room will require an additional fee for the care and attention being given.

Required vaccinations are:

- **Distemper/Parvo combinations**
- **Bordetella (Kennel Cough)**
- **Leptospirosis**
- **Rabies**

All vaccinations must be current based on your veterinarian's protocol. We welcome Titer Tests as proof of immunity. Dogs not able to be vaccinated due to immune mediated diseases will require a veterinary release and a release of liability.

We take every precaution possible to make sure we have a healthy, safe environment for all dogs under our care; however, from time to time an outbreak of Kennel Cough or Giardia may occur. We will quarantine and treat appropriately.

Rough play, while not encouraged, can happen and may result in a scratch, nick or small bite. Again, we make every effort to safeguard the dogs; however if you have two or more dogs that you have requested to be put in the same run, you knowingly take this risk.

We are not liable or responsible for any veterinary costs associated with these types of situations.

Intact Dogs

Intact dogs are welcome for boarding, but will not be included in social play groups with any non-family member dog. When boarding female dogs in season, they will be required to stay in our Kennel Room 24/7 with the standard walks and exercise as contractually agreed upon.

Behavior/Training

All dogs that are admitted into our care will be evaluated by one or more of our staff.

We follow the Training Exercise Diet Discipline (TEDD) training philosophy. We have found that attention to these four elements generally yields the best results. Our founder, Mary Cortani, also draws on her extensive experience as a trainer of dogs for military operations and search and rescue to help each client with his/her unique situation.

Collars and Leashes

All dogs need to arrive wearing a collar. We will recommend the owner take their leash(es) with them.

Medications/Supplements

We will administer any veterinarian prescribed medication or OTC vitamin supplement during your dog's stay. All medications must be clearly identified and labelled (preferably in original container) and checked-in with directions adhered to the bottle. Please provide enough medication for the length of your dog's stay. If the medicine must be administered outside the normal OFP feeding schedule and/or requires injection, we will have to place these dogs in the Kennel Room, which will require an additional fee for the extra care given by our staff.

Food/Feeding

Abrupt diet changes can be very difficult on some dog's digestive tracts. For this reason, we highly recommend providing us with your dog's standard diet. All dogs are fed twice daily unless you advise otherwise.

Meals may be brought in pre-packaged baggies labeled with AM or PM or in original dog food bags or containers, with the feeding instructions adhered to the outside of the bag/container. Raw meals are welcome. Please be sure to tell us if refrigeration is needed and label with feeding instructions. Please plan accordingly for your dog's stay.

**If you elect not to bring your own dog food or we run out of your food, we can provide an "all life stages" kibble at \$2.50 per day, per dog.

We accept snack size biscuits, cookies or treats. However, we do not accept consumable items such as edible chews, rawhide, pig ears, antlers, etc.

Personal Belongings

We welcome small personal belongings: crate pads, light weight blankets, and size appropriate toys. Please label with your dog's name and your last name.

*We will not be responsible for any lost or damaged items.

Holidays

Holiday reservations are accepted year round.

We do not charge a "holiday surcharge" for our services. Due to extremely busy holiday seasons, we do require a deposit. A deposit is equal to one night's stay for the below listed holidays. *The deposit is only refundable if canceled one week prior to the reservation.*

Holidays requiring a deposit are: Thanksgiving, Christmas, New Year's Eve and New Year's Day, Memorial Day and Labor Day.

Playtime

During the day, play and exercise time will be conducted outdoors. If you would prefer your dog not partake in these activities, please let the kennel staff know and we will make note of it on your file.

During inclement weather if conditions permit, play and exercise time may be conducted outdoors. If you would prefer your dog not partake in these activities, please let the kennel tech know and we will make note of it in your file.



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Thank you for your interest in our services. Please fill out these forms as accurately as possible, so our staff will be able to properly place your dog in the correct socialization program while under our care. When you have completed the forms, please mail to us at the address above or bring them by during our office hours. Completed forms may be emailed to ofpkennel@gmail.com.

Customer and Dog Profile

Owner Information: (Please Print)

Owner's Name: _____ Co-Owner's Name: _____

Address _____ City _____ Zip Code _____

Home Phone (____) _____ Work (____) _____ Cell (____) _____

Co-Owner's Work Phone (____) _____ Co-Owner's Cell (____) _____

Email: _____ Co-Owner's Email: _____

Emergency Contact:

Name: _____ Relationship to you _____

Home Phone (____) _____ Work (____) _____ Cell (____) _____

Name: _____ Relationship to you _____

Home Phone (____) _____ Work (____) _____ Cell (____) _____

Is there anyone we should NOT release your dog to in the event you are unable to return to pick up your dog? Please see California Civil Code Section 1834.5 regarding abandoned animals. A copy is posted in our lobby.

Name: _____ Relationship to you _____

Dog Information:

Name: _____ Nickname: _____

Breed/Markings/Coloring: _____ Date of Birth/Age _____

Male (Intact / Neutered) Female (Intact / Spayed) Weight _____

Veterinary clinic _____ Preferred Veterinarian _____

Address _____ Phone _____

Food _____ How many cups _____ How many times a day _____

Is your dog crate trained? YES ___ NO ___

Has this dog attempted to climb or dig out of a dog run? YES ___ NO ___

Has this dog attempted to break out of a dog crate? YES ___ NO ___

Has this dog ever jumped a fence or gate? YES ___ NO ___

Health:

Does your dog suffer from or experienced any of the conditions listed below listed?

- | | | | |
|----------------|----------------|-------------------------------|----------------|
| Heart Disease | Seizures | Hip or Elbow Dysphasia | Cancer |
| Kidney Disease | Blindness | Skin Abnormalities | Allergies |
| Liver Diseases | Dental Disease | Deafness | Ear Infections |
| Lameness | Major Surgery | Neurological Injury/Condition | |
| Other _____ | | | |

Please explain any of the conditions marked above and list any medication your dog is taking:

Training:

Any previous professional training? YES ___ NO ___ UNSURE ___

Any current training challenges? _____

Operation Freedom Paws makes every effort to assure all dogs are happy and stress free during their stay with us. We use various distractions to limit barking (including play times, lots of attention, multiple walks during the day); however, as a LAST RESORT, if all other methods fail, will you give permission to use a bark collar on your dog to limit excessive (15-30 minutes non-stop) barking? *This device in no way causes harm to your pet.*

YES ___ NO ___

Personality:

Due to the hands-on nature of our services, it is extremely important to know your dog's personality the best we can. This helps us match them with the appropriate staff members, and provide social and nonsocial care. Please be as honest as possible.

Are there any breed(s) of dogs your dog does not like? _____

Is there a type of person/people your dog may react to? _____

Has your dog ever growled at or bitten anyone? YES____ NO____ UNSURE____

If yes, please describe: _____

Has your dog ever fought with another dog? YES____ NO____ UNSURE____

If yes, please describe: _____

Please mark the words that best describe your dog: (circle all that apply)

Mellow	High energy	Jealous	Calm	Dominant
Alert	Barky	Shy/Timid/Fearful	Unruly	Happy
Anxious	Submissive	Goofy	Playful	Stubborn
Well-behaved	Protective	Aggressive	Possessive	Sweet

Please mark your dog's style with other dogs: (circle all that apply)

Has many dog friends	Likes off-leash parks	Loves to wrestle
Loves to chase	Loves to be chased	Scares small dogs
Gentle with small dogs	Afraid of big dogs	Guards toys
Guards food	Likes people better	Loves to chase

Please mark any behaviors that describe your dog:

Dog aggressive	People aggressive	Food possessive	Toy possessive
Jumps on people	Mouthy/bites dogs	Mouthy/bites people	Eats poop
Destroys toys	Noise phobias	Destroys furniture	Toy possessive
Barks excessively	Growls at strangers	Chews excessively	Jumps fences
Separation anxiety	Strong prey drive	Does not obey	Guards food bowl

Please mark any behaviors that describe your dog (Cont.):

Can't grab collar Escapes Dislikes being groomed

Other _____

Optional/additional comments about your dog (anything we should be aware of):

Do you feel that your dog would play well in a group setting of dogs with like temperament, energy and of similar size? YES____ NO____

Do you want your dog in social-play groups with other dogs? YES____ NO____

Do you have any concerns regarding your dog in a group-play setting?

YES____ NO____ Please comment:

The goal of the Boarding and Daycare programs at Operation Freedom Paws is for all dogs to have an enjoyable and fun stay. While all dogs stress to some degree when left by their families, we strive to limit their stress to a minimum. By answering the above questions as accurately as possible, your dog's time with us will be as enjoyable as possible.

While dogs are social animals, not all prefer the company of other dog or dogs they do not know. Social skills and the needs of each dog are assessed by staff. An initial evaluation will be made to help determine which program is best suited for your dog.

Thank you for taking the time to fill out this customer and dog profile.

We look forward to having you join the OFP family!

Owner's Signature _____

Owner's Name _____ Date _____

Received by _____ Date _____

Please let us know how you learned about our services. We like to thank our referrals and hope you will refer us to your friends and family!



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MEDICAL RELEASE

The safety and well-being of your dog is the highest priority to us at Operation Freedom Paws. Ensuring that your dog remains safe and well cared for is our first responsibility and we take it very seriously.

We do our best to have you help us screen for pre-existing health conditions, yet some factors may be beyond control. In the event that a medical emergency arises while a dog is at our facility or participating in a service that we provide it is imperative that we are able to get your dog immediate medical treatment.

In the event a staff member deems that your dog is in need of immediate veterinary care, the following steps will be taken:

- We will make every effort to contact you by phone at the numbers you have provided. In the event of a true life and death situation, your dog may be transported to the nearest veterinary clinic for evaluation before you are contacted.
- If we are unable to reach you and we feel your dog is in need of immediate attention, your dog will be taken to one of the veterinary clinics listed below:

VCA San Martin
12955 Monterey Hwy
San Martin, CA 95046

Family Pet Care Center
38 East Street
Hollister, CA 95023

United Emergency Clinic
5440 Thornwood Drive
San Jose, CA 95123

Our goal is to get your dog medical attention as quickly as possible. For that reason, we require all owners to sign a medical release prior to your dog's stay or service at Operation Freedom Paws.

I, _____ hereby authorize Operation Freedom Paws to seek medical attention for my dog in the event of a medical emergency when a staff member of Operation Freedom Paws deems it necessary to seek immediate attention from a licensed veterinarian at one of the clinics listed above.

Dog's Name _____ Age _____ Breed _____

In the event I cannot be reached by phone, I understand that my emergency contacts will be contacted and the medical condition of my dog discussed with them.

If I cannot be reached to speak with the veterinary staff, I authorize medical treatment up to the following dollar amount \$_____ only.

I understand that medical situations can range in price from \$300 to \$5500.

For example:

Ear infection with diagnostic: \$300

Laceration requiring stitches: \$800

Broken Leg: \$2500

Bloat/Gastric Torsion: \$5500

I agree to pay Operation Freedom Paws for any expenses I authorized, up to the dollar amount listed above, before my dog is released to me at Operation Freedom Paws or within 48 hours of discharge from the veterinary clinic.

Authorizing signature _____

Printed Name _____ Date _____



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Credit Card Authorization

I authorize Operation Freedom Paws to automatically charge the credit card listed below as payment for invoices for any Operation Freedom Paws' services.

I understand that Operation Freedom Paws will provide me with an invoice by US Mail or email disclosing the amount of charges.

Client Information

Name (as it appears on the card) _____

Billing Address _____

City _____ State _____ Zip _____

Contact Number _____ Work / Cell / Home (Please Circle)

Email Address _____

Credit Card Information

Card Type (ex: Visa, American Express, etc.) _____

Account Number _____

Expiration Date _____ CVV Code _____ (3-digit code on back of card)

I understand that this information will be retained on file for any future invoice charges.
I would like Operation Freedom Paws to change your credit information on file, you will need to submit a new form to our office.

Client Signature _____ Date _____

Printed Name _____