



*"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 and have had all **required vaccinations** listed below. 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 be charged double for the care and attention being given.

### **Required vaccinations are:**

- Bordetella (Kennel Cough)
- Canine Influenza
- Distemper/Parvo combinations
- 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 be charged double 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" dry dog food 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.

*OFP is a peanut-free facility. Any treats, pill pockets, or food containing peanut products will be returned to the owner at arrival.*

## **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.*

Reservations cancelled within forty-eight (48) hours during holiday season, will be charged one night’s stay.

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, you can mail it to us at the address above, bring them by during office hours, or email to [ofpkennel@gmail.com](mailto:ofpkennel@gmail.com).

## Customer and Dog Profile

### **Owner Information:** (PLEASE PRINT)

Owner's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Owner Phone: \_\_\_\_\_  Cell  Work  Home

Owner Phone: \_\_\_\_\_  Cell  Work  Home

Owner's Email: \_\_\_\_\_

Co-owner's Full Name: \_\_\_\_\_

Co-owner's Phone: \_\_\_\_\_  Cell  Work  Home

Co-owner's Phone: \_\_\_\_\_  Cell  Work  Home

Co-owner's Email: \_\_\_\_\_

### **Emergency Contact:**

#1 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_  Cell  Work  Home

Phone: \_\_\_\_\_  Cell  Work  Home

#2 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_  Cell  Work  Home

Phone: \_\_\_\_\_  Cell  Work  Home

*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: \_\_\_\_\_

**Dog Information:**

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Breed: \_\_\_\_\_

Sex:  Male  Female  Intact  Neutered/Spayed

Color: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Weight: \_\_\_\_\_

Veterinary Clinic: \_\_\_\_\_ Preferred Veterinarian: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

What type/variety of food(s) your dog eats: \_\_\_\_\_

How many cups? \_\_\_\_\_ How many times a day? \_\_\_\_\_

Is your dog crate trained?  YES  NO

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

Has this dog attempted to climb or dig out of a dog run?  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?

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Allergies      | <input type="checkbox"/> Dental Disease  | <input type="checkbox"/> Lameness         |
| <input type="checkbox"/> Environmental  | <input type="checkbox"/> Diabetes        | <input type="checkbox"/> Liver Disease    |
| <input type="checkbox"/> Food (explain) | <input type="checkbox"/> Dysplasia       | <input type="checkbox"/> Major Surgery    |
| <input type="checkbox"/> Grain          | Elbow or Hip                             | <input type="checkbox"/> Neurological     |
| <input type="checkbox"/> Poultry        | <input type="checkbox"/> Ear Infections  | Injury/Condition                          |
| <input type="checkbox"/> Blindness      | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Seizures         |
| <input type="checkbox"/> Cancer         | <input type="checkbox"/> Kidney Disease  | <input type="checkbox"/> Skin Afflictions |
| <input type="checkbox"/> Deaf           |  |   |

Please explain any of the conditions marked above and list any treatment medication:

\_\_\_\_\_  
\_\_\_\_\_

**Training:**

Any previous professional training?  YES  NO

Any current training challenges? Please describe: \_\_\_\_\_

\_\_\_\_\_

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?  YES  NO

*This device in no way causes harm to your pet.*

**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

If yes, please describe: \_\_\_\_\_

Has your dog ever fought with another dog?  YES  NO

If yes, please describe: \_\_\_\_\_

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

- |                                     |                                      |  |
|-------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Aggressive | <input type="checkbox"/> Happy       | <input type="checkbox"/> Shy/Timid/Fearful |
| <input type="checkbox"/> Alert      | <input type="checkbox"/> High energy | <input type="checkbox"/> Stubborn          |
| <input type="checkbox"/> Anxious    | <input type="checkbox"/> Jealous     | <input type="checkbox"/> Submissive        |
| <input type="checkbox"/> Barky      | <input type="checkbox"/> Mellow      | <input type="checkbox"/> Sweet             |
| <input type="checkbox"/> Calm       | <input type="checkbox"/> Playful     | <input type="checkbox"/> Unruly            |
| <input type="checkbox"/> Dominant   | <input type="checkbox"/> Possessive  | <input type="checkbox"/> Well-behaved      |
| <input type="checkbox"/> Goofy      | <input type="checkbox"/> Protective  |  |

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

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Afraid of big dogs     | <input type="checkbox"/> Has many dog friends  | <input type="checkbox"/> Loves to be chased |
| <input type="checkbox"/> Gentle with small dogs | <input type="checkbox"/> Likes off-leash parks | <input type="checkbox"/> Loves to chase     |
| <input type="checkbox"/> Guards food            | <input type="checkbox"/> Likes people better   | <input type="checkbox"/> Loves to wrestle   |
| <input type="checkbox"/> Guards toys            |  | <input type="checkbox"/> Scares small dogs  |

**Please mark any behaviors that describe your dog:** (check all that apply)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Barks excessively     | <input type="checkbox"/> Dog aggressive      | <input type="checkbox"/> Leash aggression    |
| <input type="checkbox"/> Collar sensitive      | <input type="checkbox"/> Eats poop           | <input type="checkbox"/> Mouthy/bites dogs   |
| <input type="checkbox"/> Chews excessively     | <input type="checkbox"/> Escapes             | <input type="checkbox"/> Mouthy/bites people |
| <input type="checkbox"/> Destroys furniture    | <input type="checkbox"/> Food possessive     | <input type="checkbox"/> Noise phobias       |
| <input type="checkbox"/> Destroys toys         | <input type="checkbox"/> Growls at strangers | <input type="checkbox"/> People aggressive   |
| <input type="checkbox"/> Dislikes grooming     | <input type="checkbox"/> Guards food bowl    | <input type="checkbox"/> Separation anxiety  |
| <input type="checkbox"/> Dislikes paws touched | <input type="checkbox"/> Jumps fences        | <input type="checkbox"/> Strong prey drive   |
| <input type="checkbox"/> Does not obey         | <input type="checkbox"/> Jumps on people     | <input type="checkbox"/> Toy possessive      |

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 add any comments about your dog (anything we should be aware of such as behaviors, play style, etc., not addressed above):

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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 another 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 family and friends!*

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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.

# MEDICAL RELEASE

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 on previous page.

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. If you would like to change your credit information on file, you will need to submit a new form to our office.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_