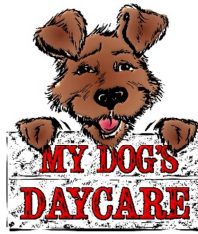
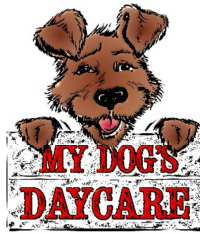


Hours of Operation: M-F 7am-7pm Sat 9am-5pm



Client Name:			
Address:			
Cell Number:		Work Number:	
E-Mail Address:			
E-Mail Address Spouse:			
Emergency Contact:			
Pet's Name:			
Pet's Nickname:			
Birthdate:	M/F	Spayed before 16 weeks	Y/N
		Neutered before 20 weeks	Y/N
Breed:		Color:	
Any Health Concerns:			
On any medication? Y/N If yes, how often?			
Does your pet have any current restrictions? Y/N If yes, please list:			
Veterinary Clinic:			
Veterinarian:			
Address:			
Phone Number:		Fax Number:	
Individuals Authorized to Pick-Up your pet:			
Name:		Phone Number:	
Name:		Phone Number:	

Hours of Operation: M-F 7am-7pm Sat 9am-5pm



Has your dog played off-leash with other dogs? Y/N

If yes, how did your dog react to other dogs?

Has your dog ever growled at a person? Y/N

Has your dog ever growled at another dog? Y/N

If so, how was the incident addressed?

Has your dog ever bitten a person? Y/N

Has your dog ever bitten another dog? Y/N

If yes, what were the circumstances and was the dog disciplined?

Is your dog food aggressive? Y/N

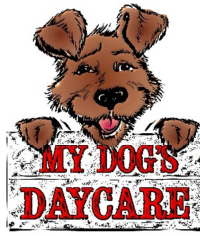
Is your dog toy aggressive? Y/N

Are there any other pets in the household? Y/N

If yes, how do they get along?

We here at My Dog's Daycare want to provide your pet with a nurturing environment. There is room to run around, plenty human attention, and a lot of canine interaction. They will have fun! The dogs are grouped according to size and temperament. Our staff will assess your pet and match them accordingly. Let them come play!

Hours of Operation: M-F 7am-7pm Sat 9am-5pm



Waiver, Assumption of Risk, and Agreement to Indemnify and Hold Harmless

I understand that by having my dog participate in group play it is not without risk. Dogs interacting in a social play group setting may suffer from, but not limited to, cuts and abrasions, minor traumas, bite wounds, and unforeseen infectious diseases. I hereby absolve and hold harmless the staff of My Dog's Daycare LLC from any and all liability for injury, harm, loss, which my dog may suffer as a result of participation in the services or any actions therewith.

I understand that in the event of an emergency, My Dog's Daycare LLC will make every attempt to contact me. In the event I can not be reached, I authorize the following:

In the event of illness or injury, I hereby consent to and permit emergency treatment for my dog while in the care of My Dog's Daycare LLC while agreeing to assume all financial obligations resulting there from. My Dog's Daycare LLC will make every attempt to have my pet seen at my designated Veterinary clinic. In the event the designated Veterinary clinic is not open, your pet will be transported to an Emergency facility.

SIGNATURE OF OWNER OR AUTHORIZED AGENT (MUST BE OVER 18 YEARS OF AGE):

SIGNATURE: _____ DATE: _____

Comments: