

Doggy Day Care
Client Record Form



Dog's Name: _____ Date: _____

Owner's Name: _____

Home Address: _____

Home or Cell Phone: _____ Email: _____

Local Address: _____

Phone Number: _____

Dog's Age: _____ Date of Birth: _____

Size/Weight: _____ Sex: Male Female

Breed: _____ Color: _____ Spayed/Neutered: Yes No

Health & Immunological Status

Please give name & address of vet or clinic where dog received most recent vaccinations.

DVM and/or Clinic: _____

City & State: _____ Phone: _____

Date (month & year) of most recent vaccinations:

DHLPP* _____

Rabies _____

Bordetella (Kennel cough) _____

Food or other allergies? _____

Restrictions of activity or other special needs? _____

*DHLPP = distemper, parvo, etc.

Date of first Day Care visit to High Tails: _____

Where did you hear about us?

Car Magnet Internet Friend Vet Groomer Newspaper

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1 How often does the dog play with other dogs in an off-leash setting?

2 Does the dog bark or lunge at other dogs when on a leash or behind a fence or window?

Always Often Sometimes Never

3 Does the dog "guard" toys? If so, what kind(s)?

Yes No

4 Is the dog ever intimidated by other dogs?

Yes No

5 What is the dog afraid of? Thunder Mops Brooms Other

6 When was the last time the dog had a fight?

7 Was anyone hurt? (human or dog)

Yes No

8 What are his/her favorite toys or games?

9 Does she/he jump fences?

Yes No

10 Does she/he dig?

Yes No

11 Is she/he crate trained?

Yes No

12 Are there any special instructions?

Reason for daycare? (circle all that apply)

Puppy Socialization Adult Socialization, Play, Exercise Destructive Behavior

Separation Anxiety Long Hours Home Alone Reinforce Training

Other: _____

DISCLAIMERS

As the owner of the above-named dog(s), I hereby give permission for the owners, officers, employees and other agents of High Tails Dog & Cat Outfitters, Inc. (the Company) to exercise due care with respect to my pet while in the Company's possession. If my pet becomes ill or sustains injury, by signing below, I hereby give the Company permission to take any necessary steps to obtain prompt medical treatment, including, using any veterinarian to provide for such care to my pet. In that event, I agree that I am responsible for the payment of any and all charges incurred. Notwithstanding the foregoing, if a life-threatening injury or death occurs with respect to my pet, the Company will notify me immediately to receive specific instructions on how to proceed or to take my pet to the veterinarian on record with the Company.

1 I understand and agree that, because I am taking my pet to a daycare environment, my pet will socialize with other dogs and persons. As a result of that interaction, my pet could be seriously bitten or otherwise injured.

2 I understand that the Company does not require proof of immunization or health status for any animal accepted into daycare. I am solely and fully responsible for the state of my pet's immunity and health.

3 I hereby waive and release the Company, its employees, officers, directors or other agents, from any and all liability of any nature, for any injury, death or other loss that my pet sustains resulting from (a) the Company's actions or inactions, (b) the actions or inactions of my pet, or (c) the actions or inactions of any other pet, while in the possession of, or on the grounds or surrounding property of the Company.

4 I agree to indemnify, hold harmless and defend the Company against any and all actions, losses, claims, damages, judgments, proceedings or otherwise, initiated against the Company caused, in any part, by my pet, either to the Company's property or to any other pet using the Company or on the Company's property, for whatever reason. Accordingly, I assume all liability for my pet's actions and agree to maintain personal liability insurance to cover any losses in the event such an incident occurs.

The Pet Owner: _____ Date: _____

The Company: _____ Date: _____