

LODGING/DAYCARE APPLICATION

Note: Please fill out a second Application, Rules & Regulations Agreement, Veterinary Form, and Medical Care Release Forms separately for any additional pets.

Date _____

Owner Information

Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ - _____ - _____ #1 Cell Phone _____ - _____ - _____

Work Phone _____ - _____ - _____ #2 Cell Phone _____ - _____ - _____

Email Address _____

_____ Yes, please put me on the email list to receive Wright Pet Kennels' quarterly newsletter "Dog Tales".

Pet Information

Name _____ Breed _____

_____ Male _____ Female Age _____ Pet's date of birth _____

Is your pet spayed or neutered? _____ Yes _____ No Microchip ID# _____

List all medications your pet is currently taking. _____

Please provide detailed instructions on last page for administrating these medications.

Emergency Contact

Name _____ Phone _____ - _____ - _____

Veterinarian

Name _____

Address _____

City _____ State _____ Zip Code _____

Office Phone _____ - _____ - _____ Fax Phone _____ - _____ - _____

Pet Profile/General Information

If adopted, do you have knowledge of your pet's history? If yes, describe.

What brand of dog/cat food do you feed your pet? _____

Describe how your pet gets along with other animals in your household:

List other animals in your household:

Species	Breed	Altered?	Age	Sex
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Health & Grooming

Do restrictions need to be placed on your pet's activities or movements because of joint or other pain? Describe.

Does your pet have a flea problem? Yes No

Does your pet have allergies? Yes No To what? _____

Does your pet like to be brushed? Yes No

How does your pet react to having his/her nails clipped? _____

Does your pet have any sensitive areas on his/her body? Describe. _____

Where are your pet's favorite petting and scratching spots? _____

Dog Behavior

Do visitors bring their dog(s) to your household? Yes No

If yes, how does your dog react? _____

How does your dog react to being put in a crate? _____

How does your dog behave around children? _____

How does your dog react to a stranger coming into your home or yard? _____

Does your dog ever bark, growl, or chase anyone passing outside your home or yard?

Are there any kinds of people or animals your dog automatically fears or dislikes?

How does your dog react to puppies? _____

Has your dog ever jumped on anyone? Yes No

Has your dog ever growled at anyone? Yes No

Has your dog ever bitten anyone? Yes No What were the circumstances? _____

Has your dog ever climbed/jumped over a fence? Yes No How high was it? _____

Does your dog have any problems in the following areas? Please describe:

Housetraining Yes No _____

Barking Yes No _____

Digging Yes No _____

Is your dog frightened by noises? Describe. _____

Has your dog ever growled or nipped at anyone taking food/toys away? Yes No

Has your dog ever shared his/her food or toys with other animals? Yes No

Does your dog play with other dogs? Yes No

Does your dog know any tricks? _____

Has your dog had any formal obedience training? Yes No When? _____

What commands does your dog know? _____

Is it effective in keeping him/her under control? Yes No

What if any bathroom commands does your dog know? _____

What if any play commands does your dog know? _____

What if any quiet commands does your dog know? _____

Cat Behavior

Is your cat fearful of dogs? Yes No

Is your cat de-clawed? Front Back Both

Is your cat litter box trained? Yes No

Does your cat play with any toys? Yes No Describe. _____

Please list any other comments or information about your dog or cat that might be helpful.

Don't forget to bring enough food for the duration of your dog or cat's stay, any favorite toys, bedding, and detailed medication instructions.

Thank you for choosing Wright Pet Kennels to care for your pet.

MEDICAL CARE RELEASE

This form is required for all first time Wright Pet Kennels participants.

The welfare and safety of your pet(s) is/are of the utmost importance, if a medical emergency should arise while your pet is attending our lodging/daycare facility it is critical that we are able to provide medical treatment quickly. Wright Pet Kennels has made arrangements for emergency medical care with veterinarians at the following veterinary hospital.

Michigan State University Veterinary Medical Center
736 Wilson Road
East Lansing, Michigan 48824-1314
517.353.5420

I agree to indemnify and hold harmless Wright Pet Kennels from any liability and responsibility for the financial cost of all medical treatment and/or the condition of my pet(s) resulting from such medical treatment.

In the event of a medical emergency, I agree to allow Wright Pet Kennels to seek medical care from the above veterinary hospital. I further agree that I am financially responsible for any medical treatment my pet(s) received as a result of a medical emergency while attending lodging/daycare at Wright Pet Kennels.

Owner's Signature _____

Date _____

Pet's Name _____

RULES & REGULATIONS AGREEMENT

This form is required for all first time Wright Pet Kennels participants.

We require all animals to comply with the rules and regulations to ensure the safety and health of all animals and staff.

- 🐾 All dogs must be non-aggressive and not food or toy protective.
- 🐾 All dogs must be wearing a nylon or leather collar, no choke chains or prong collars allowed.
- 🐾 All pets must be spayed or neutered to attend Wright Pet Kennels.
- 🐾 All pets must have a complete and approved application on file.
- 🐾 All pets must have a signed Rules & Regulations Agreement, Medical Care Release Form, and Veterinary Form-Dog or -Cat on file.
- 🐾 All pets must have up-to-date vaccinations. Owners must submit written proof that their pets are current on the following vaccines: (American Veterinary Medical Association recommendations)

Dogs	Cats
Rabies (required by law)	Rabies (required by law)
Canine Distemper	Panleukopenia
Canine Hepatitis/Adenovirus	Rhinotracheitis
Parvovirus	Calicivirus
Bordetella Intranasal or Bordetella Injectable	
Leptospirosis	
Parainfluenza	
Heartworm Test	
- 🐾 All pets are very strongly suggested to be on a year round flea, tick, and heartworm preventative.
- 🐾 All pets must be in good health. Any pets that have been ill in the past 30 days will require a note from a veterinarian stating they are of good health to be admitted or readmitted.

~ Agreement ~

- 🐾 I understand that if my pet(s) are not properly vaccinated per the recommendations set forth by Wright Pet Kennels and the AVMA, I am solely responsible for any and all costs incurred from improper vaccinations of my pet(s).
- 🐾 I understand that I am solely responsible for any harm or destruction of property caused by my pet(s) attending Wright Pet Kennels.
- 🐾 I understand and agree that in admitting my pet(s), Wright Pet Kennels, has relied on my representation that my pet(s) is/are in good health and have not harmed or shown aggression or threatening behavior towards any persons or other animals.
- 🐾 I understand and agree that Wright Pet Kennels and their staff, will not be liable for any problems that develop provided reasonable care and precautions are followed, and I hereby release them of any liability of any kind arising from my pet(s) attendance and participation at Wright Pet Kennels.
- 🐾 I further understand and agree that Wright Pet Kennels will not be held responsible for my pet(s) impregnating other attending animals if not spayed or neutered.
- 🐾 I further understand and agree that any problems that develop with my pet(s) will be treated as deemed best by staff of Wright Pet Kennels in their sole discretion, and that I assume full financial responsibility for any and all expenses involved.

I certify that I have read and understand these rules and regulations set forth by Wright Pet Kennels. I agree to abide by the rules and regulations and accept all terms.

Owner's Signature _____

Date _____

Pet's Name _____

VETERINARY FORM – DOG

This form is required annually of Wright Pet Kennels' participants.

Please have your veterinarian complete this form. The information contained is necessary for the health and safety of all participating animals including yours.

Clinic Name _____

Clinic Address _____

Clinic Phone Number _____ - _____ - _____

In my opinion, as a licensed veterinarian, the animal described below is of sufficient health to participate in the Wright Pet Kennels, lodging/daycare program.

Signature _____ Date _____

Printed Name _____



Owner's Name _____

Owner's Address _____

Pet's Name _____ Breed _____ Age _____ years/months

Circle one:

Male - Female

Fertile - Spayed/Neutered

Please fill in the date of last vaccination and indicate if shots are 1yr or 3yr for the following:

Vaccinated:	Vaccination:	Next Due:
_____	Rabies (required by law)*	_____
_____	Canine Distemper*	_____
_____	Canine Hepatitis/Adenovirus*	_____
_____	Parvovirus*	_____
_____	Bordetella Intranasal*+	_____ & _____
_____	Bordetella Injectable*++	_____
_____	Leptospirosis	_____
_____	Parainfluenza	_____
_____	Heartworm Test	_____

Flea, Tick and Heartworm Preventative* _____

List all medications this pet is currently taking. _____

If a Titer Test has been done on the pet named here in please provide the test results.

*** Requirement to participate in Wright Pet Kennels Lodging and Daycare Program.**

*+ Must be given twice (2) a year to be efficiently protected.

*++ Recommended to be given twice (2) a year to be protected because efficacy is lower than the intranasal vaccine. Some of these vaccinations may or may not be included in 1 shot and may or may not be an annual or a 3 year dose; these are dependent on each individual veterinarian.

All vaccinations are a recommendation of the American Veterinary Medical Association.