

DOG DAYCARE APPLICATION

Date: _____

OWNER INFORMATION:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

How did you hear about our Daycare Facility? _____

VETERINARIAN:

Name : _____ Phone : _____

Address: _____

EMERGENCY CONTACT INFORMATION:

Name: _____ Phone : _____

GENERAL DOG INFORMATION:

Name _____ Breed _____ Sex _____

Age _____ Birthday _____ Weight _____

Neutered/Spayed (circle) How long have you owned your dog? _____

Where did you get your dog? _____

If your dog was adopted, do you have knowledge of your dogs past history? _____

If yes, please describe _____

Describe how your dog behaves around children and adults? _____

HEALTH OF YOUR PET:

Vaccination history: (please give dates)

DHLPP _____ Rabies _____ Bordatella _____

Parasite Control history:

Fecal Examination date: _____ Results: _____

Heartworm Test date: _____ Results: _____

Is your dog on Flea prevention? _____ If yes, what type?

Is your dog on Heartworm prevention? _____ If yes, what type? _____

Does your dog have any current medical issues that he/she is being treated for? _____

If yes, please describe

BEHAVIOR INFORMATION:

Does your dog have any problems in the following areas? (circle all that apply)

House training

Barking

Digging

Ignoring commands

Describe your dog's temperament:

How does your dog react to visitors/other dogs visiting your home?

How does your dog react to strangers coming in your home or yard?

Does your dog have any favorite petting spots? _____

Does your dog have any sensitive areas? _____

VILLAGE ANIMAL CLINIC CLIENT AGREEMENT

1. I certify that I am the owner or agent of the dog(s) listed below and that I am authorized to sign this form.
2. I authorize Village Animal Clinic, if they deem necessary, to contact my veterinarian to confirm health, temperament and vaccinations.
3. I authorize and give consent to Village Animal Clinic to act on my behalf by authorizing veterinary care at my expense, should it be necessary.
4. I understand and agree that in admitting my dog(s), Village Animal Clinic has relied on my representation that my dog(s) is/are in good health, flea and tick free, and has/have not harmed or shown aggression or threatening behavior towards any person or any other dog(s).
5. I agree that Village Animal Clinic and their staff not be held liable for any problems that develop provided reasonable care and precautions are followed, and I hereby forever release, discharge and indemnify Village Animal Clinic and its staff, employees and agents, from any and all liability whatsoever arising from my dog(s) attendance and participation at Village Animal Clinic, including but not limited to injury or damage my dog may cause to another dog, person or property.
6. I certify that I have read and understand the rules and regulations set forth herein and that I have read and understand this Agreement. I agree to abide by the rules and regulations and accept all the terms, conditions and statements of this Agreement.

Signature of dog owner _____

Date _____