

Doggie Daycare Application

Dog's Name:		Breed:
Weight: Co	olor:	Sex:
Spayed or Neutered? \(\square\) \(\text{Date:} \)		
Birthday (Make one up if yo	ou're not sure. Every pupp	oy needs a birthday!)
Owner's Name:		
Address:		
		Zip
Phone Numbers: Home		Work
Cell	 E	E-Mail
Local Emergency Contact I		
Your Dog's Health Histor	у	
		inations AND attach a copy of your ding the Pampered Pooch and Pals.
Rabies	Canine Influenza Vaccine	(this is not Parainfluenza)
DHLPP	(Distemper, Hepatitis (CAV-2)), Leptospirosis, Parainfluenza, Parvovirus)
Bordetella (Kennel Cough)		
Veterinarian's Name and C	office Name:	
Address:		
City:	State:	7in:

Veterinarian's Phone Number:	
Please describe any medical or physical prob	lems:
Current Diet:	
Allergies or restrictions?	
Has your dog ever bitten another dog or person	on? Yes No
Pick-up of your Pet: The Pampered Pooch an following person(s):	d Pals will release your pet only to the
Emergency Medical Care	
If, in our judgment, your pet requires medical please indicate below (by initialing) whether y or animal hospital.	
YES By initialing "YES", you agree to be medical bills for your pet, and you release The employees of and from any and all responsible out of or related to such medical care, including from the veterinarian clinic and choice of veter made to use the veterinarian previously listed that circumstances may prevent this and the follows another highly qualified veterinarian.	e Pampered Pooch and Pals, it's owner and lity for, or claims, damages, debts, arising ng, but not limited to, transportation to and rinarian or animal hospital. All efforts will be by you. However, you must understand
NO By initialing "NO", you agree to relowners and employees from any and all responsible out of or related to The Pampered Poormedical care for your pet, and you acknowled not required to give any medical aid. If you of Derek Stannard and Robert Conwell before as	och and Pals not providing or obtaining ge that The Pampered Pooch and Pals is neck "NO", you must speak with the owners
Signature Pet Owner	Date
Signature The Pampered Pooch and Pals	Date

WAIVER, ASSUMPTION OF RISK AND AGREEMENT TO HOLD HARMLESS

Dog's Name	
I understand that attending Doggie Day Care is not which my dog and I (we) will be exposed to may be unexpectedly act in an aggressive manner and may the greatest amount of care. All dogs are evaluated avoid injury, however even during play, there is the understanding, I agree to Hold Bell Brook Holding W. Stannard, Robert N. Conwell, Roger Goodhue, employees and agents harmless for any claim for d disappearance, theft, damage or injury be caused by negligence of any other person, or any other causes	be the cause of injury even when handled with before attending and all attempts are made to e chance of dog to dog injury. With this s, Inc., The Pampered Pooch and Pals, Derek Jr., Kelly Goodhue, its owners, associates, amage or injury to the dog, whether such loss, y the aforementioned parties, or by the
I hereby waive and release The Pampered Pooch and Stannard, Robert N. Conwell, Roger Goodhue Jr., I and employees from any and all liabilities of any n action of any dog. I expressly assume the risk of n dog is attending daycare, or while on the grounds of	Kelly Goodhue, its owners, associates, agents ature, for injury or damage resulting from the my dog of any such damage or injury while my
In consideration of and as inducement to the acceptagree to indemnify and hold harmless The Pampere Derek W. Stannard, Robert N. Conwell, Roger God associates, agents and employees from any claims, other person accompanying me or my dog to dayca action by any dog, including my own.	ed Pooch and Pals, Bell Brook Holdings, Inc., odhue Jr., Kelly Goodhue, its owners, or claims of any member of my family or any
If we qualify, we would like to reserve 1 day, 2 day	ys, 3 days, 4 days, or 5 days per week.
Please circle one of the above.	
Signature of Owner or Authorized Agent	Date
Signature of The Pampered Pooch Authorized Age	nt Date