

New Client Application (additional dog)

Client Information:

Dog's Name: _____ Date of Birth: _____ Sex: M / F

Breed: _____ Coloration: _____ Spayed/Neutered: Y / N

PA Dog License Number: _____ This license is (circle one)... Yearly / Lifetime

Does your dog have any allergies? Y / N

If yes, explain: _____

Is your dog allowed to have treats? What kind?

If you have not had him/her from puppyhood, what do you know of his/her prior history?

Medical Information:

Does your dog have any medical concerns? Y / N

If yes, please explain:

Is your dog on any medications? Y / N

Name(s)? _____

Behavior Information:

Has your dog ever been in a fight/aggressive with another dog(s)? Has your dog ever bit/been bitten?

If yes, please explain:

Is your dog fearful, scared, or aggressive with strangers?

If yes, please explain:

Is your dog afraid of...

Thunderstorms? Y / N Loud noises? Y / N Other animals? Y / N

Anything not listed?

Please provide any additional information that you think we should know:

Additional Documentation:

Before the first day of daycare we need:

- **Your dog's PA license (whether it be a yearly or lifetime license).**
 - They do not need to wear it while they are here, but we need a copy of the license information for our records.
- **Your dog's updated Rabies certificate.**
 - This is a separate sheet from their vaccine records.
 - It is required by law for us to have a copy of the exact certificate.
- **All other veterinary records.**

Veterinary Release:

My dog's name is: _____

Breed: _____

Age as of today: _____

Veterinarian Information:

Name: _____

Address: _____

Phone: _____

Medical Conditions or Allergies:

Emergency contact if I cannot be reached: _____ Phone: _____

During my absence, Miss Drew's Doggy Daycare LLC. facility will be caring for my dog(s). In the event of an emergency, I authorize you (the veterinarian) to administer medical treatment to my dog and I will be responsible for full payment to you (the veterinarian) upon my return.

I, _____, give Miss Drew's Doggy Daycare LLC. permission to transport my dog(s) to the closest veterinarian in the event of an emergency or sickness and receive any and all information pertaining to my dog(s) in regard to their condition. I also give permission to release the results of any tests to Miss Drew's Doggy Daycare and Boarding.

If emergency is needed after regular office hours, my dog(s) may be taken to the nearest veterinarian emergency clinic/hospital.

I accept responsibility for all charges that arise upon my return. I understand that Miss Drew's Doggy Daycare LLC. will call me and ask what I am willing to pay for testing, procedures, etc, should they arise.

I agree that Miss Drew's Doggy Daycare LLC. is released from all liability related to transportation to and from the treatment center for sickness and/or emergency care.

The agreement will remain valid for all future visits unless a new form is requested and signed.

By signing below, the client fully understands and agrees to the contents of this agreement:

Printed Name: _____

Signature: _____

Date: _____