



Miss Drew's Doggy Daycare LLC.

3655 Schuylkill Rd.
Spring City, PA 19475
610-948-DOGS

New Client Application *(additional dog)*

Client Information:

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

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

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

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:

Can your dog do any of the following?

Sit If yes, which word do you use? _____

Stay If yes, which word do you use? _____

Roll over If yes, which word do you use? _____

Come If yes, which word do you use? _____

Paw If yes, which word do you use? _____

Other Please specify: _____

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).**
 - o 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 certificate.**
 - o This is a separate sheet from their vaccine records.
 - o 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: _____

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 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.

I authorize Miss Drew's Doggy Daycare LLC. to transport my dog(s) to a veterinarian of choice and authorize treatment. 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 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 _____