

METRO DOG

DAY CARE AND KENNEL APPLICATION

OWNER INFORMATION

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

Emergency Contact:

Phone:

In case of pet medical emergency, who is your veterinarian?

Address:

Phone:

In case we can not reach your veterinarian, is treatment by a nearby vet authorized?

Who is authorized to pick up your dog?

How did you hear about Metro Dog day care and kennels?

PET INFORMATION

Name:

Nickname:

Breed:

Sex:

Date of Birth:

Weight : lbs.

How old when spayed/neutered?

When were last vaccines given? DHLPP

Bordatella

Rabies

Fecal Float

Has your dog had any illnesses in past 30 days?

If yes, please describe

Does your dog have any allergies?

If yes, please list allergen

Please list symptom

What flea control are you currently using?

Is your dog taking any medications at this time?

If yes, please list medications given and what each is prescribed.

Comments/Concerns regarding pet's health and medical history:

BEHAVIOR INFORMATION

Temperament towards other dogs:

Temperament towards people and children:

Please circle all that best describe your dog's temperament:

Playful Shy Dominant Aggressive Relaxed Hyper

Is your dog noise sensitive?

Does your dog have any fears/phobias?

Has your dog ever bitten a person or another animal?

Please circle all known commands:

Sit Stay Come Leave it Off Down

Other_

What is your dog's favorite toy or type of toy?

What are some favorite play activities?

Is your dog a chewer?

If yes, what does he/she chew?

Will he/she swallow chewed material or toys?

Is there anything your dog should not be given?

Please fill out the following section only if your dog will be staying overnight with us:

What kind of food does your dog eat? (There is an \$3 a day fee if we supply the food)

What is the amount and frequency of feedings?

Treats?

Any medications to be given?

Please list any special concerns:

Will your dog eat/chew bedding?

What type of bedding can we put in your dog's kennel for sleeping?

Did you bring any items from home? Please list items below in detail:

AGREEMENT AND WAIVER/ RELEASE OF LIABILITY

This agreement is dated _____ of _____, 20____, between La Amiga Pet Care Co. DBA Metro Dog Day Care and Kennels and _____ (Dog Owner). The parties herein agree as follows:

Acknowledgment of Risks: Pet owner acknowledges that there are risks to having a group of dogs confined to the premises. Risks of harm include, but are not limited to: injury to dog and/or dog owner due to fighting with or biting other dogs on the premises; injury to dog due to chewing and/or ingesting toys, blankets, foam bedding, etc or any other similar harm; bodily injury such as torn/ broken nails, sore/ raw paw pads due to increase exercise and activity at Metro dog. Owner acknowledges that their dog has never bit or injured another animal or any person.

Assumption of Risk: Pet owner acknowledges the risk of harm to their dog or to themselves and waives any claims against La Amiga Pet Care Co. DBA Metro Dog day care and kennels arising out of services and releases La Amiga Pet Care Co. DBA Metro Dog and its owners, agents, and employees from any liability.

Agreement:

- a) Owner acknowledges that dog is in good general health, has not been ill with any communicable illness in the past 30 days, is current on all vaccines, and is spayed or neutered.
- b) Owner acknowledges that aggressive behavior cannot be tolerated. La

Amiga Pet Care Co. DBA Metro Dog. reserves the right to remove any dog for bad behavior and such removal is at the sole discretion of the company.

- c. Owner accepts full responsibility, financial and otherwise, for any and all injuries or illness their dog may experience while attending Metro Dog.
- d. Owner authorizes La Amiga Pet Care Co. DBA Metro Dog to obtain emergency veterinary care for their dog if they can not be reach in a timely manner. Owner agrees to reimburse all expenses incurred as a result of such an emergency.
- e. Owner acknowledges that they have read, understand, and agree to comply with all of La Amiga Pet Care Co. DBA Metro Dog's rules and regulations.
- f. In signing this form, owner acknowledges that all information given is true.

PET OWNER

LA AMIGA PET CARE CO.

METRO DOG

Print Name

By:

Signature