

METRO DOG

3412 16th Avenue West
Seattle, WA 98119
(206) 284-3647
Fax: (206) 283-1193

DAY CARE AND KENNEL APPLICATION

OWNER INFORMATION

Name _____
Address _____
City _____ State _____ Zip _____
Home Phone _____ Work Phone _____
Cell Phone _____ Email _____

Our dog's health and safety is our top priority! To proceed with the trial day, we must have written proof of up-to-date Rabies, DHPP, and Bordatella vaccinations, as well as a negative result on a fecal float from within the last 30 days. It is the ongoing responsibility of the owner to provide us with copies of current vaccination records. We also require all of the dogs in our pack be on a vet recommended form of flea control.

Emergency Contact Name:

Phone:

Relationship:

Who is your veterinarian?

Phone:

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?

What flea control are you currently using?

Does your dog have any allergies?

If yes, please list allergen and symptoms.

Has your dog had any illnesses in past 30 days?
If yes, please describe

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:

Temperament while on leash:

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

Playful Shy Dominant Submissive Relaxed Hyper Aggressive

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?

Please describe your dog's play style:

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?

Has your dog been to daycare before?

Has your dog been to off-leash parks?

Has your dog ever stayed at a boarding facility?

Has your dog had any training?

Is your dog crate-trained?

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 increased 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 inappropriate 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 reached 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 _____