



# HAPPY TAILS DOG DAYCARE

## DOG INFORMATION SHEET

Owner's Name: \_\_\_\_\_ Start Date: \_\_\_\_\_

Dog's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Breed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Daytime Phone # \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Address: \_\_\_\_\_

How is your dog's health?

POOR

FAIR

GOOD

EXCELLENT

Copy of Vaccinations – Attached

To Follow

Spayed or neutered YES NO

Obedience Training YES NO

Name of Vet, Clinic and Phone # \_\_\_\_\_

Emergency Phone # for Boarding dogs \_\_\_\_\_

**AND/OR** e-mail address: \_\_\_\_\_

Is your dog on a specialized diet? (treats will be given for good behavior and obedience)

YES NO if yes please explain \_\_\_\_\_

Has your dog ever attempted or successfully escaped from the house, crate or yard? YES NO

if yes which \_\_\_\_\_ How? \_\_\_\_\_

Has your dog ever attempted or successfully jumped a fence? YES NO if yes how high

was the fence \_\_\_\_\_

Is your dog social with other dogs? YES NO

Is your dog social with humans? YES NO

kids? YES NO

Does your dog have any allergies? YES NO if yes, please list \_\_\_\_\_

Please list any health or behavioral issues your dog has: \_\_\_\_\_

\_\_\_\_\_

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## Feeding Instructions for boarding dogs

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## Owner & Medical Waiver

I understand that by bringing my dog(s) to an open concept daycare, this means they will be playing and interacting with other dogs in a natural environment. Minor cuts and scratches are inevitable and though the dogs are carefully supervised at all times and the owners and staff do their utmost to keep them safe, there is no guarantee that a more serious incident (scuffles and fighting) will not occur.

1. I hereby waive and release Happy Tails Dog Daycare from all liability, which my dog may suffer, including specifically but not without limitation, any injury or damage whatsoever arising from my dogs attendance and participation while in Happy Tails care. \_\_\_\_\_ initial
2. I further understand and agree that Happy Tails Dog Daycare will not be liable for any problems that might develop with my dog, including but not limited to, sickness, disease, injury, running away and death, provided that reasonable care and precautions are followed. \_\_\_\_\_ initial

In the event of a medical emergency every attempt will be made to contact the owner as per selection below. I \_\_\_\_\_ hereby authorize Happy Tails to get medical care for my dog at Mill Bay Animal Hospital.

**Please initial one** of the following directives: I agree to be responsible for any and all charges incurred to care for my dog's health per my choice.

\_\_\_\_\_ Perform only emergency and supportive care. Notify me for permission to begin any other treatment.

\_\_\_\_\_ Do not perform any diagnostics and/or treatment until I am notified and consent to treatment. I understand that my dog's health is at risk until I am notified.

\_\_\_\_\_ Please treat my dog as required: You need not contact me.

How did you hear about Happy Tails Dog Daycare?

Webpage

Referral

Phone Book

Other \_\_\_\_\_

\_\_\_\_\_  
Owners signature

Date: \_\_\_\_\_