

DOG DAYCARE REGISTRATION FORM

Please **Fill in the whole form**

- Dog's Name: *

- Breed/Type: *

- Approx DOB *

- Male/Female *

Male Female

- Spayed/Neutered *

Yes No

- Date of Spay/Neutering op

All dogs over 12 months must be neutered

- Owner name

First Name Last Name

- Phone Number *

- E-mail address: *

- Address

Street Address

Street Address Line 2

City Postal Code

- Vet Contact Details *

Street Address

Street Address Line 2

City Postal Code

Phone Number

All dogs are to be fully vaccinated prior to attending day care.

Emergency Contact info

- Name *

First Name Last Name

- Tel:

About your dog

- How is your dog around other dogs? Pick any of the words below that best describes it. *

Disinterested Mildly Curious Boisterous Polite Fearful
 Aggressive Playful Easy going Manic Don't know

- Does your dog treat larger dogs and small dogs the same?
- How does your dog react to strangers?
- Any additional information about your dog we should be aware of?

Dog Daycare and In-Home Boarding Agreement and Waiver Form

Please initial that you have read and understand each point - please ask for clarification if necessary.

I represent that my dog is in good health, is current on all required vaccinations (DHLPP, Rabies and Bordetella), is current on Flea/Tick Preventative Medication and has not been ill with any known contagious viruses in the last 30 days. My dog has been altered. Initial: _____

I understand that while my dog is fully vaccinated that vaccines are not 100% fool proof and there is still a risk (albeit minimal) that my dog may contract a contagious virus/disease. I agree that should this occur I am responsible for my own pets' care and medical attention. Initial: _____

I agree to allow 7 days waiting period after my dog has had his/her vaccinations to allow the vaccines to reach full protection potential and to ensure my dog has not had any negative reaction to the vaccines. Should I allow my dog to stay at Tails for Trails in a shorter than 7 day wait period I understand that my dog could be at risk of contracting a contagious virus/disease. Initial: _____

I represent that my dog is sociable and has not harmed or shown threatening behaviors towards any person or any other dog. I understand that should my dog display any unwanted behaviors while in the care of Tails for Trails that staff will remove him/her from the play area. Initial: _____

I understand that although all dogs are fully supervised that incidents of injuries may occur. This includes that my dog could receive bites, scrapes and scratches from his/her playmates. Initial: _____

I allow Tails for Trails staff to contact my/a veterinarian as deemed necessary should any injuries require medical attention. I agree that I am responsible for any medical bills acquired for my own pet. Initial: _____

I agree to disclose any previous or current medical issues/concerns of my dog so that Tails for Trails staff can determine of suitability for daycare/boarding. Initial: _____

I release Tails for Trails from any liability should my dog injure another dog or person and accept medical and legal responsibility of my pets' actions. Initial: _____

With my signature below I certify that I have read and understand the agreement and waivers. I agree to abide by the regulations and accept all terms and conditions as set out.

DATE: _____

SIGNATURE: _____

****NOTE**** Please Print, Sign, Initial

PRINT NAME: _____