



Your Dog's Information

Name: _____ Breed: _____ M or F

Age: _____ Weight: _____ Birth date: _____

At what age was your dog spayed/neutered? (Mandatory at 7 months): _____

Owner(s) Information

Name(s): _____

Address: _____

Cell: _____ Home: _____ Work: _____

E-Mail Address: _____

Veterinarian Information

Name: _____

Address: _____

Phone: _____

Emergency Contacts

Name: _____ Phone number: _____

Name: _____ Phone number: _____

Name: _____ Phone number: _____

List any person authorized to pick-up your dog if you cannot:

Where did you get your dog? _____

How did you hear about Park Your Paws? _____

If your dog was adopted, do you have any knowledge of your dogs past history?

How many days per week are you considering doggie daycare? _____

Health/Grooming

Is your dog current on ALL vaccinations? Yes / No

Is your dog currently on heartworm prevention? Yes / No

What flea program is your dog on? (Mandatory)

Is your dog on any medications? If yes, please list.

Does your dog have any food/environmental allergies? If yes, please list.

Does your dog like to be groomed? Yes / No

How does your dog react to having his/her paws touched and nails trimmed?

Does your dog have any sensitive areas on his/her body?

Behavior

Does your dog act fearful of any specific items or noises? If so, please explain.

How does your dog react to puppies? _____

Has your dog ever growled at someone? If yes, what were the circumstances?

Has your dog ever bitten someone? If yes, what were the circumstances?

Has your dog ever growled or snapped when his/her food or toys were taken? Yes / No

Has your dog ever shared his/her food/toys/water with other animals? Yes / No

How often does your dog meet new dogs it does not already know?

Has your dog attended daycare in the past? If yes, where and for how long?

Has your dog ever been in a dog fight? If so, what happened?

Has your dog had any formal obedience training? If yes, when and where?

Other comments about your dog that you feel might be helpful:

Park Your Paws Terms and Conditions Agreement

1. I understand that I am solely responsible for any damage to the building or harm to the staff caused by my dog while my dog is attending Park Your Paws or is using any other services provided by Park Your Paws.
2. I understand and agree in admitting my dog, that Park Your Paws has relied on my representation that my dog is in good health and has not harmed or shown aggression or threatening behavior toward any person or any other dog.
3. I understand and agree that Park Your Paws and their staff and volunteers will not be held liable for any problems that develop following my dog's attendance and participation at Park Your Paws, provided reasonable care and precautions are followed.
4. I further understand and agree that any problem that develops with my dog will be treated as deemed best by the staff at Park Your Paws, in their sole discretion, and that I will assume full financial responsibility for any and all expenses involved.
5. I agree that if I fail to provide proof of current vaccinations or if my dog's vaccinations are found to be expired or otherwise incomplete, Park Your Paws has the right to refuse service until current proof is provided. If my dog arrives at the facility with fleas and/or other parasites, Park Your Paws has the right to treat and quarantine my dog until picked up by myself or my agent, and I take full responsibility for any expenses incurred for such reasons.
6. I fully understand that while co-mingling in a group of dogs my dog may experience cuts, scratches, or abrasions due to the nature of dog play, and that I am responsible for any veterinary expenses incurred for these reasons. I authorize Park Your Paws to request medical records and/or treatments for my dog in the event of injury or illness from my veterinarian or Beechwood Veterinary Hospital. By signing this document I further direct said veterinarian to provide such records upon request.
7. In addition, I understand that vaccines do not protect against all communicable illnesses that may affect dogs. I certify that my dog is in good health and is up to date on all vaccines, is on a flea treatment and has had a heartworm test in the last 12 months. In addition, I understand that no amount of cleaning and sanitation can completely prevent the spread of airborne viruses and communicable diseases (such as kennel cough) and I am solely responsible for all expenses incurred by medical treatment for such situations.
8. I allow my dog to be photographed, videotaped, and/or used in any media or advertising without prior approval by me. All such photographs, etc., are the property of Park Your Paws.
9. I further agree to all fees set forth by Park Your Paws and understand that I will be charged \$10 for every 15 minutes or part thereof past the posted business hours.

I certify that I have read and understand the terms and conditions set forth on this page, the application, and health forms. I agree to abide by the terms and conditions and accept all terms, conditions, and statements of this agreement.

Name of owner and dog (please print): _____

Signature of owner and date signed: _____

Health and Temperament Certification

I, _____, hereby certify that my dog, _____, is in good health and has not been ill with any communicable condition in the last 30 days. I further certify that my dog has not harmed or shown aggressive or threatening behavior towards any person or any other dog.

Signature of owner and date: _____

*Please include a copy of vet records showing dates of vaccinations (rabies, distemper/parvo and bordetella.)

Due to the nature of doggie daycare, PYP respectfully requests that if your dog is showing any signs of being unwell (vomiting, diarrhea, coughing, etc) that you leave them out of daycare until symptoms subside or a veterinarian clears them for group play.



Credit Card Release and Authorization Form

Card Holders Name: _____

Credit Card Number: _____

Expiration Date: _____ CVC code: _____

Cardholder mailing address: _____

Cardholder phone number: _____

ALL CHARGES ARE NON-REFUNDABLE.

Card Holders Signature: _____ Date: _____