DAYCARE AND BOARDING REGISTRATION FORM

All dog(s) must be over 4 months old

vner Info	Date		
Owner Name	Phone		
OwnerName	Phone	Phone	
Full Address			
g(s) Info			
1- Dog'sName	Age/DOB	Weight_	
Breed, color, description		515 - 568 - 513 H F	
FemaleSpayed?			
MaleNeutered?			
2- Dog's Name	Age /DOB	Weight_	
Breed, color, description			
FemaleSpayed?	Crate Trained? Y or N		
MaleNeutered?	Barker: Y or N		
havior			
	n someone who takes theirfood away?		
Has your dog ever bitten another de How does your dog walk on a leash? (v	logs? og and broken the skin?		
What experience does your dog have	with other dogs in a group setting? Dog runs, other	day care etc.	

Has your dog ever snapped or threatened to bite another dog or person? Y N

Describe your dog's favorite thing(s):

Boarding dates: From: ______ to: _____

Boading/Daycare Rate: \$

How did you hear about us? _____

Authorized Persons/ Emergency Contact(optional): Please list additional person authorized to pick up your pet or whom we can contact in an emergency.

 Name:
 Phone:

 Vet Information:
 Phone:

For everyone's safety, your dog must be currently vaccinated against Rabies, Distemper & Parvovirus (DHPP), and Bordetella (Bordetella has to have been administered within the last 6 months. Please consult with your vet as some vets only administer once a year.). Please ask your vet to email your dog's vaccination records prior to your pets stay to <u>Nassethw@gmail.com</u>. We also recommend Canine Influenza (H3N8) vaccination (not required but highly recommended, please discuss with your vet. Flea & Tick Control. We also require ALL dogs to be crate trained. If your dog is an *incessant barker*, we will be authorized to put on a bark collar.

Does your dog have a pre-existing or current medical conditions or physical injuries? Y or N

If yes, please explain:

Does your dog take regular medication? Y or N

Please provide us with any special instructions or pertinent info regarding medication:

Does your dog have any medical conditions that we should be aware of? Y or N

We like to reinforce good behavior and may reward your dog with healthy snacks throughout the day. Is this ok? Y or N

Is your dog allergic to any foods or treats or have any dietary restrictions? Y or N

If yes, what?

*Overnight Guests: Pets staying overnight will be given two meals per day (morning and evening) unless otherwise specified, that the pet owner will provide.

I hereby certify that my dog is in good health and has not been ill with any communicable condition in the last 14 days. I further certify that my dog has not harmed or shown aggressive or threatening behavior towards any person or any other dog at any time. I have read and understand the following: I have been 100% truthful in all of my responses on this application and will be held fully liable for any errors or omissions. I represent that each time I bring my dog to Wendy Nasseth, I am re-certifying that my dog is in good health and has not had any communicable illness of any kind for two weeks prior to such attendance. I understand that I am solely responsible for any harm to another dog or person, caused by my dog while my dog is being boarded. I understand that, Wendy Nasseth reserves the right to refuse any services, such as dogs that are unhealthy, act aggressively, are unruly, or who may otherwise be a threat or danger to themselves, humans, and/or other dogs. I will provide Proof of current Rabies, Distemper, Parvovirus and Bordetella vaccinations.

My dog is in good health and has not been ill with a communicable illness in the last 14 days. My dog is free from any condition that could potentially jeopardize other guests. I assume all expense and/or liability for injuries that my dog may inflict upon any human or other pet while in the care of Wendy Nasseth. I shall not hold Wendy Nasseth responsible monetarily or otherwise, for injuries to my pet that arise during the course of play, training, grooming, any services, or anytime during my pet's visit.

I understand if presented with medical bills I am responsible for paying. I am responsible for initial vet visit costs and additional follow-up costs associated with the particular injury. If injuries occur between dogs from a mutual fight with no obvious aggressor or deemed- no fault from rough play, and require medical attention, the sum of all medical bills will be split equally between owners. If my dog becomes ill or if the state of my dog's health otherwise requires professional attention, Wendy Nasseth has discretion and may engage the services of a veterinarian, administer medicine, and/or give requisite attention to my dog.

I understand that Wendy Nasseth will contact me first and then my emergency contacts if a critical medical situation arises. However, if Wendy Nasseth is unable to make immediate contact, I give my consent to Wendy Nasseth to act on my behalf in obtaining emergency or any other care at my own expense if deemed necessary by Wendy Nasseth. I specifically represent that I am sole owner of my dog, free and clear of all liens and encumbrances. If I leave my dog in Wendy Nasseth's care without payment for 14 days or more, I understand my dog shall be considered abandoned and I transfer ownership of my dog and all rights to Wendy Nasseth.

This contract contains the entire agreement between the parties. All terms and conditions of this contract shall be binding of myself and Wendy Nasseth. Wendy Nasseth reserves the right to change business and reservation policies at any time. **By signing this contract I agree to pay for all services rendered in advance of the day of my pet's arrival**, <u>in cash</u>. Long standing customers may pay with check. If payment is not received in advance, I understand that my pet will not leave the facility until payment is made. I grant Wendy Nasseth permission to use any pictures taken of my dog(s) for business-related activities. I understand that this use may include advertising and marketing campaigns, website images, and other uses for promoting the services from Wendy Nasseth. I certify that I have read and understand the policies as set forth on the preceding pages and that I have read and understand the full, complete and unrestricted right and authority to enter into this release. By signing below, I acknowledge that I have read and accept the terms and conditions stated above.

Print Name

Signature

Office use only

Signature of Wendy Nasseth or representative