

Four Paws Stay & Play, LLC Doggy Day Care Application

Doggy Information:

Doggy Name: _____
 Breed: _____ M or F _____ Weight _____ Color _____
 Doggy Age: _____ Doggy Birthday: _____
 How long has your doggy been living with you? _____
 Housebroken (Y or N) _____

Spayed or Neutered? (Yes or No) _____

- Sorry but no unfixed doggy's over six (6) months of age.

Giardia Tested (**For Puppies only** (Yes or No)) _____

Flea Prevention in Use? (Yes or No) _____

Flea Prevention Brand (Frontline, Advantage, etc.) _____

Doggy Vaccinations:

- Rabies (Yes or No) _____ Date: _____
- Bordatella (Yes or No) _____ Date: _____
- Distemper/Parvo (Yes or No) _____ Date: _____
- Canine Influenza (Yes or No) _____ Date: _____
- Please provide verification of the above vaccinations. Your Vet can email your records to us at info@fourpawsstayandplay.com

Doggy Owner Information:

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: (H) _____ (W) _____
 Pager: _____ Cell: _____
 E-mail address: _____

We will only release the dog to the owner or someone listed below:

Name: _____ Telephone: _____
 Name: _____ Telephone: _____

Vet Information:

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____

Emergency Contact (other than vet):

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: (H) _____ (W) _____

Important Medical Conditions (any chronic allergies or other medical issues we should know about):

Medications (please list all the your doggy is currently taking and what they are for):

Is there anything special we should know For example: is there anyplace you dog does not like to be touched or any human movement that elicits a specific response:

From where did you get your dog?

Is there any other relevant information we should have regarding obtaining your dog?

Commands - what commands does your dog understand?

Training – what type of training have you and your dog experienced?

Socialization (please describe your dog’s normal weekly interactions with other dogs, humans, etc.):

Please check all that you feel applies to your dog:

Dog aggressive__	People aggressive__	Jumps up__
Chews__	Digs__	Barks__
Runs away__	Unruly__	Escapes__
High jumper__	Shy__	Stool eater__
Picky eater__	House soils__	Other__

Is there anything else we need to know about your dog? _____

Special Instructions:

Is your dog allowed to have a treat for command reinforcement? Yes: _____ No: _____

Please provide picture of you and your doggy for security file? _____

How did you hear about Four Paws Stay and Play? _____

As owner of the above said dog, I hereby give consent for emergency medical care as prescribed by a duly licensed veterinarian. This care may be given under whatever conditions are necessary to preserve life, limb or well being of my dog.

I represent that my dog is currently in good health and has not had any communicable illness of any kind for two weeks prior to attending Four Paws Stay & Play LLC. I will wait ten (10) days before bringing my dog to Four Paws Stay and Play LLC after any dog kennel overnight or public dog park visit. I further represent that each time I bring my dog to Four Paws Stay & Play LLC, 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.

Also, by my signature below, I hereby authorize Four Paws Stay and Play LLC to obtain any and all medical records and/or treatment for my dog(s) in the event of illness and/or injury from the Veterinarian listed above or the closest Veterinarian Clinic/Hospital and by this document do hereby direct said Veterinarian to provide those records.

Signature: _____ **Date** _____

CLIENT RELEASE

Four Paws Stay and Play LLC

I understand that, despite Four Paws Stay & Play LLC best efforts to maintain the safety of every dog and human at Four Paws Stay & Play LLC facilities, there are certain risks involved in doggy day care. These risks include but are not limited to my dog contracting fleas, kennel cough or some other communicable illness. I voluntarily accept these risks, and release Four Paws Stay & Play LLC and its employees, independent contractors, owners and assigns from any and all claims arising out of injury or damage (or overnight) in any way related to or resulting from my association with Four Paws Stay & Play LLC, including but not limited to claims of injuries to my dog, myself or anyone I send to pick up or drop off my dog, or to any property that belongs to me. I understand and agree that dogs can be unpredictable and that if my dog becomes injured while at Four Paws Stay & Play LLC I will be responsible for my dog's veterinary bills and any other costs incurred due to the injury. I understand and agree that this release applies to future unknown or unsuspected claims.

I represent that my dog is currently in good health and has not had any communicable illness of any kind for two weeks prior to attending Four Paws Stay & Play LLC. I will wait ten (10) days before bringing my dog to Four Paws Stay and Play LLC after any dog kennel overnight or public dog park visit. I further represent that each time I bring my dog to Four Paws Stay & Play LLC, 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 further understand that, though Four Paws Stay & Play LLC will attempt in an emergency to contact my dog's personal veterinarian as well as myself, such an emergency might not provide the time to do so prior to the administration of care. I therefore hereby allow Four Paws Stay & Play LLC to attain medical attention for my dog from any qualified veterinarian and to transport my dog to and from that veterinarian when Four Paws Stay & Play LLC deems such medical care important for my dog's life and health. I grant Four Paws Stay & Play LLC or its employees or agents full power of decision involving the medical treatment of my dog, and authorize the use of my credit card, for such purpose. This release applies to any claims for injuries or damages related to such medical care or transport.

I represent that my dog is currently protected by a flea care preventative and that my dog will be protected by this preventative throughout each and every day my dog attends Four Paws Stay & Play LLC, each time I bring my dog to Four Paws Stay & Play LLC. All media (pictures, videos, etc.) at Four Paws Stay and Play LLC are the property thereof.

I represent that my dog does not have a history of aggressive behavior towards other dogs or humans.

I warrant that I am at least eighteen (18) years of age and that I have the full, complete and unrestricted right and authority to enter into this release.

Print Name: _____

Signature: _____

Date: _____