

The Pampered Puppy Application For Daycare Services

Client Information

Owner Name:	Address:
City:	Postal Code:
Home Phone:	Cell Phone:
Office Phone:	E-mail address:
Check to have E-mail reminders sent: <input type="checkbox"/> Email (We do send email reminders for Appointments and Vaccinations and Birthdays)	
Alternate Contact Person and Phone Number:	
Veterinary Clinic:	

Pet Information - All dogs over 6 months old must be spayed/neutered

Puppy's Name:	Breed:
Is your puppy spayed/neutered? Yes <input type="checkbox"/> No <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Micro-Chipped? Y <input type="checkbox"/> N <input type="checkbox"/> Tattooed? Y <input type="checkbox"/> N <input type="checkbox"/>	Birthday:
Are your puppy's shots up to date? Yes <input type="checkbox"/> No <input type="checkbox"/>	DA2PP/CVK (date of last):
Kennel Cough (date of last):	Rabies (date of last):

Health and Behavior - You are responsible for informing us of any and all incidents of biting and aggression concerning your dog (ie. dog-to-dog, dog - to - human, etc.)

Does your dog have dietary, activity restrictions? _____ _____
Please provide any additional important information (eg. allergies, bumps or blemishes, medical conditions, skin sensitivities, hip dysphasia): _____ _____
Does your dog liked to be brushed? Yes <input type="checkbox"/> No <input type="checkbox"/> How often do you brush your dog?
Is your puppy comfortable with other dogs? Yes <input type="checkbox"/> No <input type="checkbox"/>
Is your puppy comfortable staying in a kennel? Yes <input type="checkbox"/> No <input type="checkbox"/>
How does your dog react to other dogs visiting in your home? _____
Are there any people your dog automatically fears or dislikes? _____
Are there any breeds or kinds of dogs your dog automatically fears or dislikes? _____
Does your dog like / dislike / tolerate children?
How many times per day do you walk your dog?
How does your dog react to puppies?
Has your dog ever growled at someone? Yes <input type="checkbox"/> No <input type="checkbox"/> What were the circumstances? _____ _____
Has your dog ever bitten someone? Yes <input type="checkbox"/> No <input type="checkbox"/> What were the circumstances? _____ _____

Does your dog have any problems in the following areas:	
Destructive Chewing?	_____
Mouthing?	_____
House Training?	_____
Barking?	_____
Nervousness	_____
Coming when called	_____
Ignoring commands	_____
Eating feces	_____
Pulling on leash	_____
Frightened by noises	_____
Eating non food items	_____
Have you tried taking food or toys away from your dog? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If so what happened? _____	
Will your dog share food and toys with other animals? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Has your dog had formal obedience training? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes when and with whom? _____	
Are there any other comments or special requirements (i.e. preferences, feeding schedule, medications, etc.) we should know about? _____	

By signing this form, the undersigned Owner confirms that:

1. All information provided in this Application is accurate and true, to the best of my knowledge;
2. My dog is spayed or neutered, if older than 6 months, or will be spayed or neutered after 6 month of age;
3. My dog's vaccinations are up-to-date, as of the date of this Application, including Bordatella (Kennel Cough), Rabies and DHPPC. I further understand that my dog has to be free from all internal and external parasites. And be on a Veterinarian approved preventative program for external parasites. Proof of such vaccinations and parasite treatment will be provided to the Pampered Puppy prior to any daycare services, and will be up kept while attending daycare.
4. I am financially responsible for any harm to any person(s), dog(s) and/or property that is determined to have been caused by my dog(s); such determination will be made by the Management of The Pampered Puppy after careful review of the circumstances. The Owner's liability and responsibility will extend to cover any and all medical and/or veterinary and/or building repair costs directly resulting from the Owner's dog's behavior.

The Pampered Puppy will use the following veterinary centre for emergency veterinary care:

Glenora Family Pet Clinic
 10544-124 Street NW, Edmonton, Alberta
 780-428-8802

5. I hereby grant The Pampered Puppy Spa and Wellness Centre permission to seek emergency veterinary care from the above veterinary centre. I further agree that I am financially responsible for all medical treatment my dog(s) receive(s) while attending The Pampered Puppy Spa and Wellness Centre.
6. I hereby release and agree to save and hold harmless, The Pampered Puppy Spa & Wellness Center, it's directors, officers, shareholders, employees, assistances, members and agents from any and all liability, claims, suits, actions, loss, injury or damage which I or my dog(s) may sustain or which may be caused in any way by my dog(s). I specifically, without limitation, agree to fully indemnify The Pampered Puppy Spa & Wellness Center for any and all such liability, claims, suits, actions, losses, injury or damage.
7. If your scheduled day is not cancelled 24 hours beforehand The Pampered Puppy reserves the right to charge for that day.
8. The Pampered Puppy does not offer boarding services. Daycare days will be charged for all dogs attending daycare.
9. We do take pictures of the daycare dogs and put them on Facebook without compensation to the owners.

Signature of Dog Owner

Date

Authorized Agent of The Pampered Puppy

Date