

# Application For Services

<b>Owner Name:</b>	City/Prov.:
Address:	Postal Code:
Home Phone:	Office Phone:
Cell Phone:	E-mail Address:
Check to have E-mail reminders sent: <input type="checkbox"/> Email <input type="checkbox"/> SMS (We do send email reminders for Appointments and Vaccinations and Birthday Greetings)	
Alternate Contact Person and Phone Number:	
How did you find out about us?	
<b>Pet's Name:</b>	Breed:
Is your puppy spayed/neutered? Yes <input type="checkbox"/> No <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Color:	Birthday:
Is your pet comfortable with a groomer? Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>	
Is your pet comfortable with other dogs? Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>	
Is your pet comfortable staying in a kennel? Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>	
Please provide any additional important information (e.g. allergies, bumps or blemishes, medical conditions, skin sensitivities, hip dysphasia, temperament issues): _____ _____	

**Our goal is to ensure your satisfaction with every visit. If you are unhappy with your pet's haircut, for any reason, please advise us as soon as possible, within 3 days, of your visit so that we may rectify the problem. After 3 days due to hair growth and outside conditions we are unable to re-do a haircut.**

**My pet's vaccinations are up-to-date and will be kept up-to-date. I will provide proof of current (expired no more than 6 months ago) vaccinations MUST include Rabies and DA2PP. Bordetella (Kennel Cough) and External Parasite Prevention are required for daycare services.**

Your pet is important to us. Because we care about your pet's safety and well-being, we want to assure you that every effort will be made to make your pet's visit as pleasant as possible. Due to the various conditions of some pets (i.e. matting, temperament, nervousness, aggression, medical conditions, etc.) the grooming process can take up to 6 hours. In the best interest of your pet, we request permission to obtain immediate veterinary treatment should it become necessary.

1. I am financially responsible for any harm to any person(s), pet(s) and or property that is determined to have been caused by my pet(s); such determination will be made by the management of the Pampered Puppy after a 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 repairs costs directly resulting from the Owner's pet's behavior.  
The Pampered Puppy will use the following for emergency veterinary care: Glenora Family Pet Clinic @ 10544-124 Street 780-428-8802  
Mayfield Veterinary @ 16808 - 106 Avenue 780-451-3465
2. I hereby grant The Pampered Puppy Spa and Wellness Centre permission to seek emergency veterinary care from the above veterinary center. I further agree that I am financially responsible for any medical treatment my pet(s) receive(s) while and/or resulting from attending The Pampered Puppy Spa and Wellness Centre.
3. I hereby release and agree to save and hold harmless, the Pampered Puppy, it's directors, officers, shareholders, employees, assistances, members and agents from any liability, claims, suits, actions, loss, injury or damage which I or my pet(s) may sustain or which may be caused in any way by my pet(s). I specifically, without limitation, agree to full indemnify The Pampered Puppy for any and all such liability, claims, suits, actions, losses, injury or damage.
4. If your scheduled appointment is not cancelled 24 hours beforehand The Pampered Puppy reserves the right to charge for that appointment.
5. Due to the Nature of matted fur, the more severe the matting the greater the risk of injury. In these cases, it is not humanely possible to brush out or comb the matts out and the dog must be shaved down. A Matting Fee is charged in these cases starting at \$15.00.
6. We do send appointment, vaccinations reminders, birthday greetings and on occasion we may send newsletters. By checking off Email or SMS as preferred contact method you agree to receive these notices.
7. I give permission for my pet(s) picture(s) to be published by 1144531 Alberta Ltd. o/a The Pampered Puppy without compensation on social media
8. All Daycare Packages have an expiry date from date purchased.

\_\_\_\_\_  
Signature of Owner/Guardian

\_\_\_\_\_  
Today's Date

Thank you for choosing the Pampered Puppy. We keep this information on file, for our sole use, to take impeccable care of your best friend.

## Health and Behavior Questionnaire For Daycare Services

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

**FOR DAYCARE SERVICES: My dog is spayed or neutered, if older than 6 months, or will be spayed or neutered after 6 months of age**

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? _____ _____ _____