Application For Services

| Owner Name: | City/Prov.: |
|--|---|
| Address: | Postal Code: |
| Home Phone: | Office Phone: |
| Cell Phone: | E-mail Address: |
| Check to opt in for Text Messages: SMS (We do send reminders for Ap | ppointments, Vaccinations and also Birthday Greetings) |
| Alternate Contact Person and Phone Number: | |
| How did you find out about us? | |
| Pet's Name: | Breed: |
| Is your puppy spayed/neutered? Yes No | Male Female |
| Color: | Birthday: |
| Is your pet comfortable with a groomer? Yes | No Unsure U |
| Is your pet comfortable with other dogs? Yes | No Unsure U |
| Is your pet comfortable staying in a kennel? Yes | No Unsure U |
| Please provide any additional important information (e.g. allergies, dysphasia, temperament issues): | bumps or blemishes, medical conditions, skin sensitivities, hip |
| our pet's visit as pleasant as possible. Due to the various condition | y and well-being, we want to assure you that every effort will be made to not some pets (i.e. matting, temperament, nervousness, aggression, mebest interest of your pet, we request permission to obtain immediate veteri |
| eatment should it become necessary. | |
| etermination will be made by the management of the Pampered Pup | nd or property that is determined to have been caused by my pet(s); such py after a careful review of the circumstances. The Owner's liability and ry and/or building repairs costs directly resulting from the Owner's pet's |
| ne Pampered Puppy will use the following for emergency veterinary of Glenora Family Pet Clinic @ 105 Mayfield Veterinary @ 168 | |
| I hereby grant The Pampered Puppy Spa and Wellness Cententer. I further agree that I am financially responsible for any medical ampered Puppy Spa and Wellness Centre. | tre permission to seek emergency veterinary care from the above veterinar I treatment my pet(s) receive(s) while and/or resulting from attending The |
| nembers and agents from any liability, claims, suits, actions, loss, inju | lampered Puppy, it's directors, officers, shareholders, employees, assistandury or damage which I or my pet(s) may sustain or which may be caused in hify The Pampered Puppy for any and all such liability, claims, suits, actions |
| If your scheduled appointment is not cancelled 24 hours before | orehand The Pampered Puppy reserves the right to charge for that |
| Due to the Nature of matted fur, the more severe the matting ush out or comb the matts out and the dog must be shaved down. A | the greater the risk of injury. In these cases, it is not humanely possible to A Matting Fee is charged in these cases starting at \$15.00. |
| MS as preferred contact method you agree to receive these notices. | |
| I give permission for my pet(s) picture(s) to be published by 1 edia | 1144531 Alberta Ltd. o/a The Pampered Puppy without compensation on so |
| All Daycare Packages have an expiry date from date purchased. | |
| gnature of Owner/Guardian | Today's Date |

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 🗆 No 🗀 How often do you brush your dog? Yes Is your puppy comfortable with other dogs? No 🗀 Yes No \square Is your puppy comfortable staying in a kennel? 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 No What were the circumstances? Has your dog ever bitten someone? Yes ☐ No ☐ 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 □ No If so what happened? No 🗌 Will your dog share food and toys with other animals? Yes 🗀 Has your dog had formal obedience training? Yes No \square 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?