

# AUTHORIZATION FOR DOGGIE DAYCARE

## OWNER INFORMATION

Owner's Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## ANIMAL INFORMATION

Pet Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_

Sex: \_\_\_\_\_ Primary Veterinary Clinic: \_\_\_\_\_

Primary Veterinarian: \_\_\_\_\_ Veterinarian E-mail: \_\_\_\_\_

Veterinarian Phone Number: \_\_\_\_\_

Does your animal need any special medication or treatment? What for? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has your animal had any recent major surgeries or other medical history? : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is your animal spayed/neutered? \_\_\_\_\_ Is your pet obedient? \_\_\_\_\_

How is your pet with other animals? \_\_\_\_\_ Is your pet good with strangers? \_\_\_\_\_

Is your animal trained in any way? \_\_\_\_\_

Is your pet preditorial? \_\_\_\_\_ Does your pet play well with other animals? \_\_\_\_\_

Does your pet play well with people? \_\_\_\_\_

Does your animal get upset or aggressive when their food is touched or messed with by another animal? \_\_\_\_\_

Is your animal toy aggressive? Do they become upset or protective of their toys? \_\_\_\_\_

\_\_\_\_\_

## MANDATORY VACCINES

**\*\*Must have a paper copy of vaccines\*\***

Rabies      Yes or No      Date given: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Bordetella      Yes or No      Date given: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Distemper      Yes or No      Date given: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

- Dog must be at least 14 days post-vaccine to attend Doggie Daycare
- Dog will not be accepted without these vaccines
- Does not need to be on a worm prevention medication, but if we see worms in the stool your animal will be isolated from the rest of the animals and will remain isolated until the animal is picked up

## LICENSE

A valid dog license is required for you to participate in doggie daycare.

## INJURY

It is possible that your animal could sustain an injury while at the daycare, however, if that were to occur, we would attempt to contact you. If we were unsuccessful contacting you, we will transport your animal to our collaborating veterinarian, Dr. Anne Bolind. Any veterinary treatment provided by our collaborating veterinarian is at the cost of the dog's owner. Parkway West CTC will not be held liable for any injury received by your dog in typical dog play that results in routine scratches or brusies.

## SIGNATURE

I have read and understand all of the following information presented to me on the previous pages.

Owner's Printed Name: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_