

# Dog Daycare Enrollment Form



23960 Dixie Hwy., Suite B, Perrysburg, OH 43551  
www.woofgangdogdaycare.com

419-872-0088 (PH) • 419-872-0087 (FAX)

Dog's Name: \_\_\_\_\_

## Client's Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Can you receive text messages? Y / N

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

Emergency contact if you cannot be reached: \_\_\_\_\_

Phone: \_\_\_\_\_ Interested in (circle choices): Daycare Boarding

How did you hear about us? \_\_\_\_\_

*If referred by a current client, we would like to thank them with one free day of daycare.*

## Pet Medical & Veterinary Information

Veterinary / Clinic Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Veterinarian Name: \_\_\_\_\_ Fax: \_\_\_\_\_

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

List medical issues current or past you are aware of: \_\_\_\_\_

Is your dog currently on any medication? Y / N

Name of medication and purpose: \_\_\_\_\_

Known allergies: \_\_\_\_\_

Does your dog have any medical restrictions on his/her activities? Y / N

Explain: \_\_\_\_\_

Neutered/Spayed? Y / N Date: \_\_\_\_\_ Dogs 6 months of age+ must be neutered/spayed.

Bordetella Due Date: \_\_\_\_\_ Distemper Due Date: \_\_\_\_\_ Rabies Due Date: \_\_\_\_\_

Influenza Due Date: H3N2 \_\_\_\_\_ H3N8 \_\_\_\_\_ Flea/Tick Product: \_\_\_\_\_

*H3N2 is required. H3N8 is suggested but not required at this time.*

*All daycare participants and overnight stays are required to be current on all vaccines. Please provide proof of vaccinations. Your vet can fax us your records at 419-872-0087.*

## Dog's General Information

Dog's Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Age: \_\_\_\_\_

Sex: M / F Breed (or best guess): \_\_\_\_\_

Color: \_\_\_\_\_

Weight (approx.): \_\_\_\_\_ Is he/she microchipped? Y / N Is chip data current? Y / N

How long have you had him/her? \_\_\_\_\_ Where did you get him/her? \_\_\_\_\_

If you have not had him/her from puppyhood, what do you know of his/her prior history?

\_\_\_\_\_

Is your dog housebroken or crate trained? \_\_\_\_\_

If crate trained, does he/she like the crate? \_\_\_\_\_

Has your dog ever escaped/attempted to escape by digging, jumping or climbing fences? Y / N

Explain: \_\_\_\_\_

Does your dog play with toys? Y / N What kind? \_\_\_\_\_

Is your dog possessive of toys or food? Y / N Describe: \_\_\_\_\_

\_\_\_\_\_

Has he/she shared toys or food with other dogs? Y / N Describe: \_\_\_\_\_

\_\_\_\_\_

Were there any problems? Y / N Describe: \_\_\_\_\_

\_\_\_\_\_

How does your dog generally react to other dogs? \_\_\_\_\_

\_\_\_\_\_

Does your dog have any medical restrictions on his/her activities? Y / N

Describe: \_\_\_\_\_

Has your dog ever played on playground or agility equipment? Y / N

Do you feel playground or agility equipment is appropriate for your dog? Y / N

Has your dog ever attended group play? Y / N

If yes, how did your dog react to other dogs? \_\_\_\_\_

Are there other dogs in the household?: Y / N How many? \_\_\_\_\_

Describe how they get along: \_\_\_\_\_

Has your dog ever been in a fight or bitten another dog? Y / N

If yes, explain: \_\_\_\_\_

Is your dog fond of a particular type (breed, size, temperament etc.) of dog? Y / N

If yes, explain: \_\_\_\_\_

Does your dog automatically dislike any type of dog (breed, size, temperament etc.)? Y / N

If yes, explain: \_\_\_\_\_

Has your dog ever bitten a person? Y / N

If yes, explain: \_\_\_\_\_

Does your dog dislike or fear any type of person? Y / N

If yes, explain: \_\_\_\_\_

Does he/she have any fears? Y / N

If yes, explain: \_\_\_\_\_

Does your dog jump on people? Sometimes / Always / Never

Explain: \_\_\_\_\_

What do you do with him when he is left home alone? \_\_\_\_\_

Is your dog destructive if left home alone? Y / N \_\_\_\_\_

Describe any behavioral problems: \_\_\_\_\_

\_\_\_\_\_

Any areas on his/her body that he/she doesn't like to be touched? Y / N

If yes, explain: \_\_\_\_\_

How does he/she react to having his nails clipped? \_\_\_\_\_

Does he like to be brushed? Y / N

Explain: \_\_\_\_\_

Is your dog allowed to have treats? Y / N

Is there anything else we should know about your dog?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

May we use your pet's photo on our website or facebook page? Y / N



## RELEASE / HOLD HARMLESS AGREEMENT

**WoofGang Dog Daycare, LLC**, its owner, employee(s), representative(s) or any other person(s) affiliated with the company shall hereinafter be referred to as “**WoofGang Dog Daycare.**”

By signing this form, you or your representative(s) \_\_\_\_\_ (print YOUR name) shall hereinafter be referred to as “CLIENT,” and agree not to hold **WoofGang Dog Daycare** liable or sue for any injuries and/or death to my dog(s) while in the care of **WoofGang Dog Daycare.**

Although, **WoofGang Dog Daycare** screens the dogs for temperament, watches the dogs carefully, and **does not** take aggressive dogs, daycare can be hazardous due to dogs playing together. They can get rambunctious at times and we cannot be held responsible for injuries and/or death that may occur in and out of the daycare including the transporting of a dog.

If in my absence, my dog should become ill or injured, or in need of veterinary care, **WoofGang Dog Daycare** has my permission to consult with my veterinarian and I realize that **WoofGang Dog Daycare** will make a reasonable effort to bring my dog to its stated veterinarian. If my dog should require immediate or emergency care, I hereby give **WoofGang Dog Daycare** permission to bring my dog to **WoofGang Dog Daycare** associate veterinarians' facilities including South Suburban Animal Hospital or Midway Animal Hospital. I understand that I am responsible for all veterinary costs, including the transportation of my dog to and from the veterinarian.

I hereby declare that my dog has never shown aggression, bitten, injured or killed another dog or person. If my dog does, I agree to pay all bills associated with the incident.

I hereby declare that my dog has not been exposed to any communicable diseases within the last 30 days, is on a flea/tick treatment plan and is fully vaccinated in accordance with **WoofGang Dog Daycare** policy.

I understand that **WoofGang Dog Daycare** cannot be held responsible for lost, dirty, damaged, or destroyed belongings left in **WoofGang Dog Daycare** care.

By signing this form, you acknowledge that you understand and accept the terms and conditions set forth by this agreement.

**OWNER SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Print Name** \_\_\_\_\_