

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: _____

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 Date: _____ Distemper Date: _____

Rabies Vaccine Date: _____ Flea/Tick Product: _____ Date: _____

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 animals.

If in my absence, my pet 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 your animal to its stated veterinarian. If my pet should require immediate or emergency care, I hereby give **WoofGang Dog Daycare** permission to bring my pet to **WoofGang Dog Daycare** associate veterinarians' facilities including South Suburban Animal Hospital or Midway Animal Hospital. I understand that I am responsibility for all veterinary costs, including the transportation of my pet 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 animal 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 _____