



Waggin' Tails Application

Owner Information

Today's Date: _____
Name(s): _____
Email Address: _____ (only used for Waggin' Tails info)
Address (street, city, state, zip) _____

Cell phone: _____ Home phone: _____
Work phone: _____ Other: _____
Emergency contact person: _____ Phone: _____
Who is authorized to pick up your dog? _____
Reason for day care? _____
How did you hear about Waggin' Tails? _____

Dog Information

Dog's name: _____ Breed: _____
Gender: _____ Age: _____ Spayed/Neutered? _____ Birthday: _____
Can your dog jump a 4 foot fence? _____
Has your dog ever showed aggressive behavior towards another dog or person? _____
If yes, please explain: _____
Has your dog ever been attacked by another dog? _____
How does your dog react to unfamiliar people, including children? _____

Allergies? _____ Medications? _____
Dog food brand fed: _____ Food sensitivities? _____
Is your dog food, toy, or space possessive? _____
Circle obedience commands your dog knows: *sit stay come down off leave it wait drop it*
Favorite games/things dog likes: _____
Sensitive areas/fears: _____
Anything else we should know? _____
Date of last DHLPP vaccination: _____ Due: _____
Date of last Rabies vaccination: _____ Due: _____
Date of last Bordatella vaccination: _____ Due: _____
Flea prevention dog is currently on: _____ Frequency: _____

Veterinarian Information

Hospital: _____ Doctor: _____
Address: _____
Phone: _____

WAGGIN' TAILS CONTRACT

Waiver of Liability; Assumption of Risk; Agreement To Indemnify & Hold Harmless

I desire to obtain the dog day care and/or training services offered by Waggin' Tails Doggie Day Care (hereafter referred to as Waggin' Tails). Therefore, I hereby certify and agree as follows:

1. I recognize and understand that attendance at dog day care is not without risk of injury or loss to myself, members of my family and guests who may attend, and to my dog; and that when my dog interacts with other dogs at Waggin' Tails, my dog may receive "sports injuries" such as nicks, scrapes or redness.
2. I understand that my dog, my family, my guests or I may be exposed to dogs that, even when handled properly, may be difficult to control and may cause injury to other persons or dogs.
3. I hereby waive and release Waggin Tails and its owner, employees and contractors from all liability of any nature for injury or damage which my family, guests, designees, dog or I might sustain, including, without limitation, any injury or damage resulting from the action of any such owner, employee or contractor, or from the action of any dog. I expressly assume the risk of such injury or damage while my dog and/or I attend any training session or other Waggin'Tails function, receive any Waggin' Tails service, or are on the training grounds, building or property of Waggin' Tails.
4. I understand that if my dog suffers an injury, at the discretion of Waggin' Tails owner or staff, medical attention may be sought. In the event medical services are provided to my dog, I promise to pay the service provider or reimburse Waggin' Tails for such medical services, as Waggin' Tails directs.
5. In consideration of, and as inducement to, the acceptance of my application for dog day care or training, I hereby agree to hold harmless Waggin' Tails and its owner, employees and contractors from any and all claims, suits, or damages resulting from the action of any such owner, employee or contractor, or of any dog; and I agree to indemnify Waggin' Tails and its owner, employees and contractors for all claims, suits, or damages resulting from the action of me, my dog, or anyone acting on my behalf, including my family and guests.

Signature of Dog Owner (or Adult Representative

if Owner is under 18 years of age)

Print Name of Dog Owner (or Adult Representative)

Date: _____