

Woofgang's Doggie Daycare Application

OWNER INFORMATION:

Name _____

Address _____ City _____ Zip _____

Cell/Primary Phone _____ Secondary Phone _____

Email _____

EMERGENCY CONTACT:

Name _____ Primary Phone _____

DOG INFORMATION:

Name _____ Female _____ Male _____

Age _____ Birthdate _____ Breed _____ Color _____

Microchip # _____ Company _____ Phone # _____

Veterinary Clinic _____ Phone # _____

Veterinarian's Name _____

Address _____ City _____

CURRENT VACCINATIONS: (Date Taken)

DHPP _____ Boosters (P,C, etc) _____ 1 Year _____ 3 Years _____

Rabies _____ 1 Year _____ 3 Years _____ 5 Years _____

Bordetella _____

Current Monthly Flea Program _____ (Please Name)

Current Monthly Heartworm Program _____ (Please Name)

Age your dog was neutered/spayed _____

Allergies _____

Medical History:

Medications:

Special Instructions and/or Restrictions

How long have you had your dog?

Where did you get your dog?

If adopted/rescued, do you have any back history?

What other types of pets do you have?

How does your dog interact with other dogs and/or children in the home?

How does your dog react with visitors in the home?

Are there any types of dogs that your dog fears?

Are there any type of people that your dog fears? (Gender, Behavior, Clothing, Hats)

Has your dog ever growled, snapped, bitten a person or another dog?

Does your dog growl or become aggressive around food and or toys ?

Does your dog share well with others ? (Food, toys, beds, etc)

Has your dog ever been in daycare ? (Where and when)

In obedience training? (Type, where and when)

Does your dog go to an off leash park ? _____

Any behaviors we should be aware of? _____

Can your dog climb or jump a fence ? _____ How high ? _____

Any issues we need to know about your dog ?

Aggression: _____

Chews: _____

Excessive Barking: _____

Digs: _____

Separation Anxiety: _____

Jumper (gates): _____

Possessive: _____

Eats Stool: _____

Noises: _____

Shy: _____

Is there anything else we need to know? _____

Can your dog have biscuits? _____

Where is your dog's favorite place to be petted? _____

Does your dog know any tricks? _____

Anything you would like us to help you with? (Basic commands, housebreaking, etc):

How did you hear about Woofgang's Doggie Daycare? _____

WOOFGANG'S DOGGIE DAYCARE
HEALTH AND TEMPERAMENT AGREEMENT

Agree and understand that in admitting my dog to Woofgang's Doggie Daycare that my dog is in good health, is current on all vaccinations and flea control and has not harmed or shown aggression or threatening behavior towards another dog and/or human.

I understand that in any cageless dog environment that there is an inherent risk of injury or illness from rough play and/or fights. Understanding this, I accept full responsibility and hold Woofgang's Doggie Daycare, harmless for any pet injury, death or damage.

I agree that I am solely responsible for any harm caused by my dog while my dog is in the care of Woofgang's Doggie Daycare.

I agree not to hold Woofgang's Doggie Daycare and their associates liable for any injuries to my dog while in the care of Woofgang's Doggie Daycare.

I understand if my dog shows repeated aggressive or menacing behavior that the dog will be moved to seclusion. If the behavior continues your dog may be asked to leave Woofgang's Doggie Daycare.

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

Dog's Name and Breed _____

Owner's Signature _____

Date _____

WOOFGANG'S DOGGIE DAYCARE

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

Woofgang's Doggie Daycare will make every effort to contact you in any emergency situation with your dog before we transfer to a licensed veterinarian. This authorization gives associates of Woofgang's Doggie Daycare to act on my behalf in the event my dog needs medical attention.

I, the owner, authorize a licensed veterinarian and their assistants, to administer treatment and perform procedures as are considered therapeutically and diagnostically necessary for the care of my dog, including administration of anesthesia. In the event that emergency treatment is required, I authorize the veterinary staff and their assistants to perform medical and surgical treatments necessary to preserve the life of my dog until I can be contacted for further approval.

I accept full responsibility for any and all financial responsibility for the treatment that my dog receives from the licensed veterinarian and their staff.

I hereby release Woofgang's Doggie Daycare from any and all claims from any emergency situation.

Dog's Name and Breed _____

Owner's Signature _____

Date _____

Cell Phone Number(s) _____

WOOFQANG'S DOGGIE DAYCARE

GUIDELINES and POLICIES

RESERVATIONS: Reservations are required with availability based on a first come, first serve basis. You may make several reservations at one time to guarantee space is available.

CANCELLATION: We accept cancellations up to 24 hours in advance. If we are not informed of a cancellation before noon the day before, it will be considered a no show and you will be charged.

LATE POLICY: We close at 7pm. If you are late picking up your dog, a fee of \$1 per minute will be charged. If you know in advance that you will be past 7pm, please call us so we may make the appropriate arrangements. Last pick up is 9PM, no later.

FOOD/MEDICATION GUIDELINES: We will feed your dog and/or administer simple medication for you. Please label your food or medicine with your dog's name and directions.

SICK DOG POLICY: We reserve the right to refuse a dog if he is flea infested or sick. If your dog becomes ill while in our care, we will isolate him/her, until we can contact you to pick him up.

COLLAR GUIDELINE: All dogs must wear a quick release collar. Metal collars of any kind are not acceptable. We encourage nametags on the collar as well.

LEASH GUIDELINE: We follow the leash laws of South San Francisco. Every dog arriving or leaving our doggie daycare must have a leash that is six foot or less on.

Dog's Name and Breed _____

Owner's Signature _____

Date _____

