

**The Pampered Puppy
Spa And Wellness Centre
Application For Daycare Services**

Client Information

Owner Name:	Address:
City:	Postal Code:
Home Phone:	Cell Phone:
Office Phone:	E-mail address:

Pet Information - *All dogs over 6 months old must be spayed/neutered*

Puppy's Name:	Breed:
Is your puppy spayed/neutered? Yes <input type="checkbox"/> No <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Micro-Chipped? Y <input type="checkbox"/> N <input type="checkbox"/> Tattooed? Y <input type="checkbox"/> N <input type="checkbox"/>	Birthday:
Are your puppy's shots up to date? Yes <input type="checkbox"/> No <input type="checkbox"/>	DA2PP/CVK (date of last):
Kennel Cough (date of last):	Rabies (date of last):
Veterinary Office:	Phone:

Health and Behavior - *You are responsible for informing us of any and all incidents of biting and aggression concerning your dog (ie. dog-to-dog, dog - to - human, etc.)*

Does your dog have dietary, activity restrictions? _____ _____ _____
Please provide any additional important information (eg. allergies, bumps or blemishes, medical conditions, skin sensitivities, hip dysphasia): _____ _____
Does your dog liked to be brushed? Yes <input type="checkbox"/> No <input type="checkbox"/> How often do you brush your dog?
Is your puppy comfortable with other dogs? Yes <input type="checkbox"/> No <input type="checkbox"/>
Is your puppy comfortable staying in a kennel? Yes <input type="checkbox"/> No <input type="checkbox"/>
How does your dog react to other dogs visiting in your home? _____
Are there any people your dog automatically fears or dislikes? _____
Are there any breeds or kinds of dogs your dog automatically fears or dislikes? _____
Does your dog like / dislike / tolerate children?
How many times per day do you walk your dog?
How does your dog react to puppies?
Has your dog ever growled at someone? Yes <input type="checkbox"/> No <input type="checkbox"/> What were the circumstances? _____ _____
Has your dog ever bitten someone? Yes <input type="checkbox"/> No <input type="checkbox"/> What were the circumstances? _____ _____

Does your dog have any problems in the following areas: Destructive Chewing? _____ Mouthing? _____ House Training? _____ Barking? _____ Nervousness _____ Coming when called _____ Ignoring commands _____ Eating feces _____ Pulling on leash _____ Frightened by noises _____ Eating non food items _____
Have you tried taking food or toys away from your dog? Yes <input type="checkbox"/> No <input type="checkbox"/> If so what happened? _____
Will your dog share food and toys with other animals? Yes <input type="checkbox"/> No <input type="checkbox"/>
Has your dog had formal obedience training? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes when and with whom? _____
Are there any other comments or special requirements (i.e. preferences, feeding schedule, medications, etc.) we should know about? _____ _____ _____

By signing this form, the undersigned Owner confirms that:

1. All information provided in this Application is accurate and true, to the best of my knowledge;
2. My dog is spayed or neutered, if older than 6 months, or will be spayed or neutered after 6 month of age;
3. My dog's vaccinations are up-to-date, as of the date of this Application, including Bordatella (Kennel Cough), Rabies and DHPPC, and proof of such vaccinations will be provided to the Pampered Puppy prior to any daycare services, and will be up kept while attending daycare. I further understand that my dog has to be free from all internal and external parasites.
4. I am financially responsible for any harm to any person(s) or dog(s) that is determined to have been caused by my dog(s); such determination will be made by the Management of The Pampered Puppy after careful review of the circumstances. The Owner's liability and responsibility will extend to cover any and all medical and/or veterinary costs resulting from the Owner's dog's behavior.

The Pampered Puppy will use the following veterinary centre for emergency veterinary care:

General Veterinary Hospital
11403 – 143 Street
Edmonton, Alberta
(780) 454-8691

5. I hereby grant The Pampered Puppy Spa and Wellness Centre permission to seek emergency veterinary care from the above veterinary centre. I further agree that I am financially responsible for all medical treatment my dog(s) receive(s) while attending The Pampered Puppy Spa and Wellness Centre.
6. I hereby release and agree to save and hold harmless, The Pampered Puppy Spa & Wellness Center, it's directors, officers, shareholders, employees, assistances, members and agents from any and all liability, claims, suits, actions, loss, injury or damage which I or my dog(s) may sustain or which may be caused in any way by my dog(s). I specifically, without limitation, agree to fully indemnify The Pampered Puppy Spa & Wellness Center for any and all such liability, claims, suits, actions, losses, injury or damage.
7. If your scheduled day is not cancelled 24 hours beforehand The Pampered Puppy reserves the right to charge for that day.

Signature of Dog Owner _____ Date _____

Authorized Agent of The Pampered Puppy _____ Date _____