

Pet Cuisine & Accessories – Daycare/Boarding Registration Form

Owner's name: _____

Home #: _____ Cell #: _____ Work #: _____

Email: _____

Address: _____

Name of Pet: _____ Breed: _____

Age: _____ Sex: _____ Circle one: Spayed Neutered Intact

Medical Conditions: _____

Veterinarian: _____

Address: _____

Phone #: _____ Date of last Vaccine: _____

Current Medications: _____

Current Vaccination and expiration:

Rabies: _____
DHLP: _____
Parvo-virus: _____
Kennel Cough (Bordatella): _____
Heartworm test: _____
Flea Control Methods: _____

Emergency Contact

In the event of an emergency, if we are unable to reach you, whom may we contact?
Please provide all applicable names and phone numbers.

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Person(s) Authorized to Drop off and Pick up dog:

Name: _____ Phone #: _____

Name: _____ Phone #: _____

About Your Pet

Feeding instructions: _____

Treats allowed? _____

Does your pet have accidents? _____

Does your pet get along with other people? _____

Does your pet get along with other dogs? _____

General mood/attitude of your dog (circle one or more):

Shy Timid aggressive dominant playful tired

Daycare/Boarding Services Plan

- 1) Your dog should be walked prior to morning drop off.
- 2) Your dog will be allowed playtime with other dogs similar in size and temperament.
- 3) Your dog will be allowed an afternoon walk.
- 4) Dogs that have a late pick up time will have an afternoon walk around 4pm.
- 5) Owner should provide food for their dog or purchase food from Pet Cuisine and Accessories.
- 6) It is encouraged that you bring a small bed or blanket that is familiar to the dog (especially those who may have separation anxiety).

Vaccinations Waiver

I understand that my pet may be exposed to other animals and that it is my responsibility to ensure my pet is current on all vaccinations. Failure to vaccinate my pet means they are vulnerable to illnesses and diseases. I agree to hold harmless Pet Cuisine and Accessories, its' employees and Groomers should my pet become ill due to lack of proper vaccinations.

Client: _____ Date: _____

Witness: _____ Date: _____

Liability Waiver and Agreement

I agree to hold harmless Pet Cuisine and Accessories Inc., its' employees and groomers of any liability if injury or death occurs while my pet in their care. I also give my permission for my pet to be taken to an Emergency Veterinary Clinic in the case of an emergency while in their care. I will assume all financial responsibility for all veterinary expenses as a result of existing medical conditions, accidents or acts of Nature. I understand that accidents do happen and I agree to waive any lawsuits or attorney fees.

Owner agrees to pay the rate of daycare. Full cost of day care MUST be paid in advance. All membership packages and rates are non-refundable and non-transferable. Packages MUST be used within 60 days of purchase.

Owner specifically represents s/he is the sole owner of the pet, free and clear of all liens and encumbrance.

Client: _____ Date: _____

Witness: _____ Date: _____

