



***(For Staff Use Only)***

Interview Completed:  Yes /  No Approved for Daycare:  Yes /  No  
\_\_\_\_(CVH Staff Initial)

**Doggy Daycare Registration**

**Owner Information:**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Phone # (1): \_\_\_\_\_ (home – cell – work) – circle one

**\*please indicate whose number this is\***

Phone # (2): \_\_\_\_\_ (home – cell – work) – circle one

**\*please indicate whose number this is\***

Address: \_\_\_\_\_ (house or apartment?) – circle one

City: \_\_\_\_\_

Zip: \_\_\_\_\_

Email: \_\_\_\_\_

**Emergency Contact Information**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Names of persons authorized to pick/drop off your pet(s)? \_\_\_\_\_

**Dog Profile**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_\_\_

Neutered or spayed? (yes or no) \_\_\_\_\_

**\*\*NOTE\*\* ANY DOG OVER THE AGE OF 6 MONTHS OLD MUST BE SPAYED OR NEUTERED TO PARTICIPATE IN PLAYGROUP.**

Does your dog:

Dig excessively? **YES/NO (CIRCLE ONE)**

Bark excessively? **YES/NO (CIRCLE ONE)**

Is your dog:

Crate trained? **YES/NO (CIRCLE ONE)**

House trained? **YES/NO (CIRCLE ONE)**

Frightened by noise (thunder)? **YES/NO (CIRCLE ONE)**

Aggressive towards other dogs? **YES/NO (CIRCLE ONE)**

Has your dog ever climbed, or tried to climb a 6 ft. fence? **YES/NO (CIRCLE ONE)**

***Other than treats, we feed dogs only upon request with food supplied by the owner. If you supply food, please bring it in a sealed container or baggie clearly marked with your dog's name. Also, please leave complete feeding instructions prior to departure.***

**OWNER WAIVER & AGREEMENT – PLEASE READ!**

I hereby represent that I am the legal owner of the dog described above to be enrolled in Chatfield Veterinary Hospital's Doggy Day Care.

I hereby agree that due to the likelihood of vigorous or rough play while dogs are in daycare, any dogs can be prone to injuries such as sprains and lacerations, or any other injury which can occur during active outdoor playtime. Also; although all dogs are required to be current on the core vaccinations (Rabies, DHPP, Bordetella and Canine Influenza), exposure to other dogs can increase the chance of contracting contagious diseases and/or infections.

I hereby waive and release Chatfield Veterinary Hospital, its employees, directors, owners, representatives and agents from any and all liability from which my dog may suffer, including specifically, but not without limitation to, any injury or damage whatsoever arising from the dog's attendance and participation at Chatfield Veterinary Hospital's Doggy Day Care. \_\_\_\_\_ **(initial)**

I hereby agree to indemnify and hold harmless Chatfield Veterinary Hospital, its employees, directors and agents from any and all claims, or claims by any member of my family or any other person accompanying me to a function of Chatfield Veterinary Hospital's Doggy Daycare, or while attending the premises thereof, as a result of any action by any dog. (Resulting in injury or death) \_\_\_\_\_ **(initial)**

In the unlikely event of death, your pet's remains would stay on our premises, until you have made a decision regarding after life care.

I recognize and understand that during the determined naptime or when there is inclement weather, my dog may have to be kenneled in a crate if the boarding suites are already full.

I recognize that as the owner or authorized agent of the dog mentioned above, that their health is my responsibility. I hereby represent that all required vaccinations (Rabies, Bordetella, Canine Influenza, DHPP, and a negative fecal test) are up to date. I will also continue to ensure that the required vaccinations will be kept up to date for as long as the dog attends Chatfield Veterinary Hospital's Doggie Daycare. I will provide proof of all booster vaccinations to Chatfield Veterinary Hospital.

I fully understand that in the event a daycare punch card is purchased and no longer able to be used, it may be refunded up to 60 days after the date of purchase and at the non-discounted rate.

I further understand and agree that in admitting my dog, Chatfield Veterinary Hospital has relied on my representation that the dog is in good health and has not harmed or shown aggression or threatening behavior towards any person or any other dog.

I further understand and agree that Chatfield Veterinary Hospital and their caregivers will not be liable for any problems that might develop with my dog, including, but not limited to, sickness, disease, injury, running away and death, provided that reasonable care and precautions are followed.

I further understand and agree that any problem that develops with my dog will be treated as deemed best by the caregivers of Chatfield Veterinary Hospital at their sole discretion and that I assume full financial responsibility for any and all expenses involved.

I agree to pick up my dog prior to closing time. Should I fail to pick up my dog after the required times without giving the daycare staff notice, I acknowledge that I will be charged a late pick-up fee of \$15.00 which is to be paid at the time of pick-up.

Pick-up times are as follows:  
Monday-Friday by 5:45pm

It is hereby acknowledged that should I fail to pick up my dog before closing time and my dog is boarded overnight I will be subject to a \$45.00 overnight charge.

Chatfield Veterinary Hospital reserves the right to permanently remove a

dog from its daycare at any time.

I certify that I am eighteen years of age or older and have the legal capacity to enter into a binding contract. Further I certify that I have read and understand the rules and regulations as set forth in this agreement. I agree to abide by the rules and regulations and accept all the terms, conditions and statements of this agreement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date