

# Wags Doggie Day Care

## Registration and Pet Care Agreement



Please attach current vaccine record...including Bordatella vaccine

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Owners: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street* *city, state and zip code*

Home Phone: \_\_\_\_\_ Cell Phone(s): \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Emergency Contact Info: (someone other than yourself or your spouse who could pick up the dog in case of emergency)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Vet's Name and Phone #: \_\_\_\_\_

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### **Dog Profile:**

Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Sex: \_\_\_\_\_ Birthday: \_\_\_\_\_ Spayed or Neutered? \_\_\_\_\_

Date of last Vet visit: \_\_\_\_\_

Any current health issues? (if yes, please describe) \_\_\_\_\_  
\_\_\_\_\_

Describe any restrictions on activity if needed: \_\_\_\_\_

Allergies? (if yes, please describe) \_\_\_\_\_

Any previous injuries? Please describe: \_\_\_\_\_

Any medications? Please list and explain reasons: \_\_\_\_\_  
\_\_\_\_\_

Anything else we should know about your dog(s)?  
\_\_\_\_\_  
\_\_\_\_\_



**Pet Care Agreement:**

1. I understand and agree that Wags Doggie Day Care is relying on my representation of my dog's health and behavior, including that my dog(s) is/are in good health and have not harmed or shown aggression or threatening behavior toward any person or any other dogs. I further understand and agree that Wags Doggie Day Care and their staff and volunteers will not be liable for any problems that develop. I agree and understand that Wags Doggie Day Care reserves the right to deny admittance to my dog(s) at any time for any reason.
2. I understand that day care is a place where pet dogs co-mingle in groups. Play can be very active and injuries can occur in this setting. I understand and agree that Wags Doggie Day Care and its staff and volunteers will not be liable for any injuries or harm that occurs while my pet(s) is/are in their care, provided that reasonable care and precautions are followed.
3. I understand and agree that I am solely responsible for any and all acts or behavior of my dog(s) while in the care of Wags Doggie Day Care. I release Wags Doggie Day Care from any liability arising from my dog's attendance and participation in day care and/or dog washing, and accept full responsibility for any and all costs for injury to staff or other animals or damage to facilities caused by my dog(s).
4. I understand and agree that if my dog(s) become ill or injured, or if the state of the dog's health requires medical attention, Wags Doggie Day Care, in its sole discretion, may engage the services of a veterinarian or administer medicine or give other requisite attention to the animal. I agree to assume full financial responsibility for any and all expenses incurred. Wags Doggie Day Care staff and volunteers will make their best efforts to notify the owner in the event of a serious illness or injury using contact information provided by and kept current by the owner.
5. I certify that, to the best of my knowledge, my pet has not been exposed to any communicable diseases within the past 30 days. I agree that I will notify Wags Doggie Day Care of any known exposure of my dog(s) to communicable diseases and will keep my dog(s) out of day care, and will provide a veterinary certification of fitness for day care to be admitted or re-admitted. I also agree that I will maintain current vaccines for my dog(s) and provide certification to that effect upon initial evaluation and periodically as requested.
6. I agree that my dog(s) may be photographed, videotaped and/or recorded and that Wags Doggie Day Care retains all rights to use and proceeds from use of images.

*Signature of owner:* \_\_\_\_\_

*Name of owner (please print):* \_\_\_\_\_

*Date:* \_\_\_\_\_