



OWNER INFORMATION

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ home / cell / work

Phone _____ home / cell / work Email _____

Phone _____ home / cell / work

How many pets do you have ? # Dogs _____ # Cats _____ # Other _____

How did you hear about us ? _____

EMERGENCY CONTACT INFO

This should be an alternate person, which has permission to pick up your pet, in the event of an emergency or if you are unable to do so.

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ home / cell / work

Phone _____ home / cell / work

Phone _____ home / cell / work

Owner Signature _____ Date ___/___/___

PET INFORMATION

Name _____ Breed _____ Is

Sex Female / Male spayed / neutered Color _____

Age / DOB _____ Tag # / microchip _____

Weight _____ Medical Conditions _____

Please describe any medical conditions which would interfere with daily activities

Veterinarian used for vaccinations _____

Please be aware vaccination records will be verified through your veterinarian.

Is your dog on flea/tick preventative ? _____

Please be aware your dog must be flea/tick free before attending day care. If your dog is found to have fleas, after being dropped off, they will be bathed at a cost to you.

Owner Signature _____ Date ___/___/___

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OFFICE USE

VACCINATIONS VERIFIED _____ DATE _____

DHLPP _____ Corona _____

Bordatella _____ Rabies _____

EMPLOYEE _____

VETERINARY RELEASE

In the event that my pet(s) should become ill or injured while in the care of Mutt Island, I request veterinary services be performed by :

Animal Hospital _____ Preferred Doctor _____

Address _____ Phone _____

I give permission to Mutt Island Dog Day Care (Mutt Island) to take my pet(s) to the above mentioned veterinary hospital for treatment in the event of illness or injury while within their care. If my pet should become sick or injured after hours , my vet cannot be reached, or it is a life threatening emergency, I understand services will be sought at the nearest animal clinic.

I understand that Mutt Island does not assume responsibility for the actions or decisions of the veterinary staff. Mutt Island will not assume responsibility for illness/injury of my pet unless it is due to negligence on the part of the Mutt Island staff. Mutt Island will do everything possible to prevent injury/illness, however, I understand that accidents happen and that illness can occur no matter how well my animal is cared for.

I certify that I will assume full responsibility for payment to the animal hospital for veterinary services rendered.

This agreement is valid from the date below and grants permission for future veterinary care for all pets without the need for additional authorizations each time Mutt Island cares for my pet(s).

Owner Signature _____ Date ____/____/____

MUTT ISLAND DOG DAYCARE CLIENT RELEASE

I understand, despite Mutt Island Dog Daycare (Mutt Island) efforts to maintain the safety of every dog and human at our facilities, there are certain risks involved in dog day care. These risks include but are not limited to my dog getting injured due to an altercation with another dog, my dog contracting kennel cough or some other communicable disease, or contracting fleas. I voluntarily accept these risks and release Mutt Island and its employees, independent contractors and owners from any and all claims arising out of injury or damage in any way related to or resulting from my association with Mutt Island, including but not limited to claims of injuries to my dog, myself or anyone I send to pick up or drop off my dog, or to any property belonging to me. I understand and agree that dogs are unpredictable animals and if my dog(s) becomes injured at Mutt Island, I will be responsible for my dog's veterinary bills and any other costs due to injury.

I represent that my dog is currently in good health and has not had any communicable illness, for one week, prior to visiting Mutt Island. I further represent, each time I bring my dog to Mutt Island, I am re-certifying my dog's good and well health. I represent, my dog does not have a history of aggressive behavior towards people or animals.

I understand the following conditions - read and initial each line.

_____ Dogs not regularly exposed to the level of activity at Mutt Island, may experience discomfort from sore muscles, sore joints and fatigue.

_____ Dogs at play during exercise time, do get dirty. Dogs with longer hair can get matted from the level of activity at the day care.

_____ Baths and brush outs can be requested or scheduled.

_____ Excessively long nails can cause injury. You will be notified if your dog's nails are too long. If, at your next visit, their nails are not trimmed – our staff will trim your dog's nails at your expense.

_____ Any behavior deemed dangerous or inappropriate, by our staff, may result in dismissal from our program.

_____ I agree to pay for all services due at the time they are rendered. I understand any unpaid fees by me will be sent to collections and I will be responsible for all collections and legal fees incurred by such actions taken.

____ I understand that Mutt Island's staff will give all pets involved in any type of incident a cursory examination, however, Mutt Island staff is not liable for the location, diagnosis or treatment of any injuries or illnesses incurred at our facility. It is recommended, you check your dog further or seek treatment from a veterinarian at your discretion and cost.

____ At Mutt Island, pictures may be taken of visiting dogs. I hereby give permission to use, publish, or post pictures of my dog(s). Pictures may be used in print material, electronic media or internet usage. I waive my right to approve photos of my dog(s) and trust the judgement of Mutt Island.

____ I warrant that I am at least eighteen (18) years of age and I have full, complete, and unrestricted right and authority to enter to this release.

Print Name _____

Signature _____ Date ___/___/___

Witness _____ Date ___/___/___