

Client Information Date\_\_\_\_\_\_\_

First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dog Information

Dog Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Breed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Color\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Weight\_\_\_\_

Age\_\_\_\_ Birthday \_\_/\_\_/\_\_

Spay/Neutered Y/N

Feeding Schedule

­­How Many Cups per feeding? \_\_\_\_\_\_\_

How Man Times per Day? \_\_\_\_\_\_\_

Can We Give Treats? Y/N

Additional Instructions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Waiver Liability Form

1. (The Canine Center) will endeavor to offer only sound, safe, and responsible care for my dog(s). However, I have been told that in order for my dog(s) at attend daycare or boarding that they must be vaccinated for Kennel Cough. I also understand the risks inherent in boarding my dog, including but not limited to interactions with other dogs and potential exposure to disease and parasites and that just because my dog(s) have been vaccinated for kennel cough that does not mean they are 100% protected from getting the disease. Further, I am and will remain responsible for the actions of my dog at all times and I hereby agree to indemnify and hold harmless (The Canine Center) of any and all claims of illness, injury, expense, costs, or damages caused by the actions of my dog while under (The Canine Center) care. I have been told by (The Canine Center) and understand the inherent risks of owning a dog, including but not limited to the risk of dog bites to myself or others. I recognize that (The Canine Center) is not responsible for any unintentional errors, omissions, or incorrect assertions. I understand that the recommendation of any other product or service is not a guarantee of my satisfaction with that product or service.

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2. I authorize emergency medical care to be provided for my dog(s) by the above-named veterinarian, or an appropriate alternate to be determined by (The Canine Center) in the event that my regular veterinarian is not available or that closer care is required. I will reimburse (The Canine Center) for any charges related to emergency care.

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3. Payment Policy:

Payment is due at the time dog(s) is/are picked up from The Canine Center. Credit cards, cash, and checks are accepted for payment.

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4. Cancellation Policy:

Cancellations are to be submitted at least 24 hours in advance of reservation.

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Pet’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_