



Pet Parent Information			
Last Name:		First Name:	
Address:	City:	State:	Zip:
Cell:	Home Phone:	Work Phone:	
Email:			
Pet Information:			
Name:	DOB:	Weight:	
Breed:	Color:	Sex: M/F	Neutered Yes No
Vet Clinic:	Contact name:	Phone:	
Address:	City:	State:	Zip:
Vaccinations <i>Parents are required to provide veterinary proof of current and up to date Rabies Distemper, and Bordetella for dogs. For cats: Rabies and RCVP.</i>			
Emergency Contact (Someone not traveling with you and able to pick up your pet in case of emergency)			
Name:		Relationship:	
Cell Phone:	Work:	Home:	
How did you hear about Play All Day:			
Has your dog ever been to a different doggie daycare?:		Yes	No
Has your pet ever been boarded?:		Yes	No
Behavior Questions:			
Has your pet ever growled at or bit another person or pet?		Yes	No
if yes, please describe:			
Will your pet share toys with other pets?		Yes	No
if no, please describe:			
Has your pet had any formal obedience training?			
If yes, please describe:			
Can you take food or toys away from your pet without them growling?		Yes	No
Is there anywhere on your pet's body they do not like to be touched?		Yes	No
If yes, please describe:			
Has your pet ever socialized with a large group of dogs?		Yes	No
please describe:			
Does your pet socialize well with dogs of all sizes and breeds?		Yes	No
if no, please describe:			
Does your pet have any problems with mouthing, housetraining, barking, fence climbing ?			
please describe:			
Please share other comments that may we may find helpful about your pet:			
Pet Medical			
Does your pet have allergies?		Yes	No
Please describe:			
What age was your pet neutered/spayed?			
Has your pet been diagnosed with any medical conditions such as:			
Heart Condition, Thyroid Disease, Seizures, Physical Limitations, Cancer, Bloat			
Please describe:			
What flea prevention/heartworm prevention is your pet on?			
Is your pet on medications	Yes	No	

Please list all medications:		
Instructions and frequency of medications:		
Feeding		
Pet Parent provided:		
Morning	Quantity:	Instructions:
Evening	Quantity:	Instructions:
Other	Quantity:	Instructions:
Persons authorized to drop off and pick up my pets:		

I, the undersigned, hereby acknowledge and agree that all the information provided in this application is complete and accurate to the best of my knowledge. I consent Play All Day Doggie Daycare and Boarding LLC use of such information for all lawful business purposes including the use of data that includes information about you and your pet for marketing purposes. I further acknowledge and agree that I have read, understand, and agree to all the terms and conditions contained in the Pet Release , Waiver of Liability, Assumption of Risk and Indemnification Agreement, which are attached and fully incorporated into this application. I further attest that if I am not the owner of the pet described above, my signature is sufficient to enter into this Agreement for and on the behalf of any other owner or representative.

This document may be executed in multiple counterparts, each of which shall be deemed an original but all of which shall constitute one and the same agreement. The exchange of copies of this document and of signature pages by facsimile transmission and/or by electronic mail in Portable Document Format ("PDF") shall constitute effective execution and delivery of this document and may be used in lieu of the original Agreement for all purposes. Signatures of the parties transmitted by facsimile and/or by electronic mail in PDF shall be deemed to be their original signatures for all purposes.

This document contains the entire understanding among the parties and supersedes any prior understanding and agreements between them respecting the subject matter hereof.

There are no representations, agreements, arrangements or understandings, oral or written, between or among the parties hereto relating to the subject matter of this document which are not fully expressed herein.

Parents Signature:

Date:

Printed Name:

Health & Temperament Certification

I, _____, hereby certify that my pet, _____ is in good health and has not been ill with any communicable conditions in the past 30 days. My pet has not traveled outside the country in the past 30 days. I further certify that my pet has not harmed or shown aggressive or threatening behavior towards any person or other dogs.

Signature of Owner:

Date:

Name printed:

Please attach a copy of your vet records showing dates of vaccinations and bordetella.