

Client Information



Owner's Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Cell: _____

Email: _____

Pet Information

Pet 1

Pet 2

Pet 3

Name			
Breed			
Sex			
Color			
Birthday			
Spayed / Neutered			

Name of Vet: _____

Emergency Contact Name: _____ Phone: _____

How did you hear about us? _____

Is your dog on flea/tick prevention? If yes, what kind: _____

Proof of current required vaccinations will be required before dogs may participate in our program.

Medical conditions/allergies/etc., if any: _____

I hereby certify that my dog is in good health and has not been ill with any communicable disease in the last 30 days. I further certify that my dog has not harmed any person or other dog and has never been in quarantine for biting.

I grant Tailwaggers full power of decision making concerning the care and well being of my pet. Should any medical condition arise, it is agreed that Tailwaggers can make any decision concerning medical treatment and I agree that I assume responsibility for all charges occurred in the care of my pet.

I understand that I am solely responsible for any injury that my dog incurs or damage caused by my dog while staying at Tailwaggers. I further understand and agree that Tailwaggers and their staff will not be held liable for any problems that develop and release them of any liability whatsoever arising from my dog's attendance at Tailwaggers. I have read, understand, and accept all terms, conditions, and statements of this agreement.

Signed: _____ Date: _____