



Dog Days & Cat Naps

5665 NW Beaver Drive Johnston, IA 50131

515-276-0086

Information and Release Form

Date: _____

Owners Name: _____

Address: _____ City: _____ State: ____ Zip: _____

Home Phone #: _____ Emergency #: _____

Cell Phone #: _____ Email address: _____

Pet's Name: _____ Sex: _____ Spayed/Neutered (circle)

Breed: _____ Age: _____ Color: _____

Does your dog - Please answer yes or no to the following:

Chew destructively: ____ Bite: ____ Climb fences: ____ Bark excessively: ____

Does your dog have any known allergies - check one: Yes ____ No ____

If yes please indicate what allergic to: _____

Does your pet have any medical conditions - check one: Yes ____ No ____

If yes please indicate condition: _____

Is your pet currently on medication - check one: Yes ____ No ____

If yes please indicate when meds are given: _____

1. Owner will certify that their animal has not harmed or shown aggression or threatening behavior towards any person or other animals.

Prescreening test done by: _____

Evaluation results: _____

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2. I agree that my animal is current on the following vaccinations: Rabies, Bordetella, DHLPP.
 3. I agree that my animal is at least 8 weeks of age.
 4. I agree that my animal has been spayed or neutered; this applies to all animals over 6 months of age.
 5. I agree and understand that my animal will have inherent risk, injury or disease exposure when dogs owned by different people are allowed to commingle.
 6. I certify that my animal is in good health and has not been exposed communicable diseases.
 7. I agree to pay in full Dog Days & Cat Naps for all incurred charges for my animal.

I certify that I have read and understand the guidelines of Dog Days & Cat Naps.

Date: _____

Signature of Owner: _____