

Bow Wow Boutique and Small Dog Daycare

303-278-7190

info@bowwowspandaycare.com

Daycare Application

Please complete the following application for Daycare Services provided by Bow Wow Boutique and Small Dog Daycare.

First Name:

Last Name:

Address 1:

Address 2:

City:

State

Zip Code

Email

Home Phone

Cell Phone

Work / Other Phone

How did you hear about us?

If you were referred to us, who can we thank for your visit today?

Do you work for Jefferson County?

- Yes
- No

Are you Police, Fire, or Military personnel?

- Yes
- No

Please provide us with someone THAT WILL NOT BE WITH YOU that we can reach if we cannot reach you. This is in case SOMETHING HAPPENS TO YOU while your dog is with us and they should know where we should take your dog if you cannot get back!

First Name

Last Name

Phone

First Dog Information:

First Dog Name

First Dog Breed

First Dog's Sex

- Male
- Female

First Dog Spayed / Neutered*

- Yes
- No

First Dog Weight

Health Conditions? Is your dog taking any medications we should know about?*

- Yes
- No

If YES, state law reads: "Boarding / Training Facilities acting as agents for the owner may administer prescription medications to a pet animal boarded as directed by the owner's veterinarian. If the operators agree to administer prescription medications, the medications must be in the original container issued by veterinarian or pharmacy and administered according to the label directions. The label must include: client name / pet name, dosage, drug name, veterinarian's name, and date issued."

Fears? (Thunder, vacuum cleaners, etc.)

Other Concerns?

Veterinarian*

Veterinarian Phone / Address*

I Certify that my dog(s) are in good health and have not been ill with any communicable diseases in the last 30 days. I certify that my dog(s) have not been aggressive or threatening behavior towards any person or dog. I certify that the attached copies of vaccination records have not been altered in any way.

I have read and agreed to the Client Agreement

- Yes
- No

Signature

Date Signed

Additional Dog Information, please complete for each additional dog:

Additional Dog Name

Additional Dog Breed

Additional Dog's Sex

- Male
- Female

Additional Dog Spayed / Neutered*

- Yes
- No

Additional Dog Weight

Health Conditions? Is your dog taking any medications we should know about?*

- Yes
- No

If YES, state law reads: "Boarding / Training Facilities acting as agents for the owner may administer prescription medications to a pet animal boarded as directed by the owner's veterinarian. If the operators agree to administer prescription medications, the medications must be in the original container issued by veterinarian or pharmacy and administered according to the label directions. The label must include: client name / pet name, dosage, drug name, veterinarian's name, and date issued."

Fears? (Thunder, vacuum cleaners, etc.)

Other Concerns?