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DOGGIE DAYCARE AND BOARDING APPLICATION

Owner _____

Address _____ City _____ State ___ Zip _____

Home Phone _____ Cell phone _____ Add'l phone _____

E-Mail Address _____

Emergency Contact (**someone not traveling with you**)

_____ Phone _____ Relationship _____

Name of people authorized to drop off/pick up your dog:

DOG #1

Dog #2

 Name Breed

 Name Breed

 Color Weight

 Color Weight

 DOB/Age Male or Female

 DOB/Age Male or Female

Neutered or Spayed (Circle One)
Not Spayed or Neutered (Required for daycare at 6+months)

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Not Spayed or Neutered (Required for daycare at 6+months)

VETERINARIAN INFORMATION

CURRENT PROOF OF VACCINATIONS MUST BE ATTACHED-SEE PAGE 3 FOR REQUIREMENTS

ORAL OR NASAL BORDETELLA MUST BE GIVEN EVERY 6 MONTHS AND ATLEAST 48 HOURS PRIOR TO CHECK-IN (14 DAYS PRIOR TO CHECK IN IF INJECTABLE)

 Veterinarian or Clinic Name

 Phone/Fax

DOG PERSONALITY PROFILE

- 1. Is there a person, type of dog or situation that makes your dog uneasy? _____
- 2. Does your dog know any commands? _____
- 3. Does your dog have a command to use the bathroom? _____
- 4. Does your dog respond to any hand signals? _____
- 5. Is your dog crate/kennel trained? _____
- 6. Has your dog ever growled at or bitten someone? _____
- 7. **Can your dog jump an 8ft or 6ft fence?** If not, do you feel like he/she ever could? _____
- 8. Is your dog frightened by loud noises or lightning? _____
- 9. Is your dog frightened or nervous around anything else? _____
- 10. Has your dog growled or snapped at anyone who has taken his/her food or toys? _____
- 11. Does your dog have a problem with any of the following:
 Mouthiness: _____ Barking: _____ Digging: _____ Ignoring commands: _____
- 12. Has your dog been in a large playgroup before? _____

MEDICATIONS (if applicable): Please list all medications and dosage

Medication #1 _____ Medication #2 _____

****FLEA PREVENTATIVE IS REQUIRED FOR DAYCARE AND BOARDING.**

IF A DOG CHECKS IN WITH FLEAS THEY WILL BE TREATED AT OWNER'S EXPENSE**

Flea Preventative _____ Last date given _____

FEEDING INSTRUCTIONS: PLEASE SUPPLY FOOD FOR THE ENTIRE STAY

Type of Food _____ Amount given per day _____

Food Restrictions or Allergies _____ Is your dog allowed treats? Yes__ No__

Please list any other information we should know about your dog:

RELEASE AND WAIVER OF LIABILITY

In consideration for your dog(s) to stay at Smooch my Pooch, you agree to all policies, procedures, terms and conditions set forth below. Do not sign this agreement unless you have read and understand it in its entirety.

All dogs must be:

- Current on Rabies, Distemper and Bordetella* vaccinations
 - **ORAL OR NASAL BORDETELLA MUST BE GIVEN EVERY 6 (SIX) MONTHS AND ATLEAST 48 HOURS PRIOR TO CHECK-IN (14 DAYS PRIOR TO CHECK IN IF INJECTABLE)**
- Be spayed or neutered if 6 months or older (required for daycare only)
- Be in general good health and free of fleas and ticks
- Be non-aggressive towards other dogs and people (specifically required for daycare)
- Be leashed or carried when entering and exiting Smooch my Pooch

In consideration for the services provided by Smooch my Pooch, I agree to the following:

1. I certify my dog is in good health and has not been ill with any communicable condition in the last 30 days. I further certify that my dog has neither harmed any person or any other dog, nor shown aggressive or threatening behavior. I understand that in agreeing to admit my dog for services, Smooch my Pooch and its staff have relied on my representation regarding my dog's health and behavior together with all other information provided in this agreement.
2. Owner further understands that even if Owner(s) dog is vaccinated for Bordetella (Kennel Cough) there is a chance that the Owner's dog can still contract Kennel Cough. Owner agrees that Owner will not hold Smooch my Pooch responsible if Owner's dog(s) contracts Kennel Cough or other dog-dog transmitted ailments.
3. I understand that I am fully responsible for any and all harm, damage and/or injury caused by my dog, including injury to persons, other dogs or damage to bedding and property. I also understand the Smooch my Pooch will not be liable for any lost or damaged property belonging to me or my dog.
4. All services and product fees must be paid by credit card, check or cash and is due at the time of pick-up. You also agree to pay any collection cost of any returned check or debit charges.
5. I understand that an interactive play setting is not without risk of some injury to my dog. I authorize Smooch my Pooch, in its best judgment to make appropriate decisions regarding veterinary treatment and I agree to pay any medical and/or veterinary expenses incurred as a result of illness or injury to, or caused by, my dog, and alternatively, I will not hold Smooch my Pooch liable for failure to seek veterinary attention.
6. Smooch my Pooch reserves the right to refuse admittance to any dog and to terminate any service agreement at any time in its sole discretion.
7. I have received, read and understand the payment fees and policies as outlined in this agreement and have answered all questions honestly. I understand that collection procedures may be initiated for non-payment and that I will be responsible for all associated expenses, including attorney fees and court costs.

Owner #1

Date

Owner #2

Date