Information and Release Form

Owners Name: _____Date: _____

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

Home Phone #: _____ Cell Phone #: _____

Email address: _____

Emergency Contact Name & Phone #: _____

Type of Pet (circle one): Dog / Cat /or Exotic (handheld)

Pet's Name: _____ Sex: _____ Spayed / Neutered

Breed: _____ DOB: _____ Weight: _____ Color: _____

Does your pet do or have a history of the following? Check any that apply.

Chew destructively: _____ Biting: _____ Climb fences: _____ Bark excessively: _____

Please answer Yes or No to the following questions:

Does your pet have any known allergies?: Yes_____ No _____

If yes, please indicate specific allergies: _____

Does your pet have any medical conditions?: Yes _____ No _____

If yes, please indicate condition: _____

Is your pet currently on medication?: Yes_____ No _____

If yes, please indicate when meds are administered: _____

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1. Owner(s) will certify that their animal has not harmed or shown aggression or threatening behavior towards any person or other animals.
2. I agree that my animal is current on the following vaccinations: Rabies, Bordetella, DHLP.
   - Current Veterinary Clinic _____
3. I agree that my animal is at least 12 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 to communicable diseases.
7. I agree to pay in full Dog Days & Cat Naps for all incurred charges for my animal/s.

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

Signature of Owner: _____ Date: _____

Prescreening/Temper test done by: _____
Toy aggressive Y____ N_____ Food aggression Y_____ N_____ Other aggressive behavior _____
Evaluation results_____