



Information and Release Form

Owners Name: _____ Date: _____

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

Home Phone #: _____ Cell Phone #: _____

Email address: _____

Emergency Contact Name & Phone #: _____

Pet's Name: _____ **Dog / Cat** Sex: _____ Spayed / Neutered

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

Does your pet do any of the following?

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

Please answer yes or no to the following questions:

Does your dog 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 given: _____

1. Owner 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, DHLPP.

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 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 _____
