



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 \_\_\_\_\_