



POMONA PET SERVICES APPLICATION

Rev 12/12/17

• PLEASE BRING PROOF OF VACCINATION UPON ARRIVAL *

Keep in mind we only accept dogs that:

- have no aggression towards other dogs and humans
- are spayed/neutered (*We only accept unaltered dogs if under 10mos or under 12mos for giant breeds.*)
- are on a flea preventative
- are current on their vaccinations: Bordetella, DHLPP, Rabies, yearly fecal exam including Giardia

Owner Name _____ Owner Name _____

Address _____ Zip _____

1. Phone # _____ Email (Required) _____

2. Phone # _____ Email _____

Emergency Contact Name _____ Emergency Phone # _____

How did you hear about us? Google Yellowpages.com Friend Other _____

Vet Clinic _____

Dog's Name _____ Sex **M / F** Housebroken? **Y / N**

Nickname _____ Birthdate (estimate if unsure) _____

Color _____ Breed(s) _____ Weight _____

Brand of Flea/Tick Preventative _____

Does your dog have any medical conditions? **Y / N**

If yes, describe medications (purpose and dose, allergies, seizures, or other medical problems of which we should be aware.

Food/ Treats

Type: Dry Brand(s): _____

Wet Brand(s): _____

Can your dog be fed together with a sibling if attending simultaneously? **Y / N**

If your dog is reluctant to eat when away from home what can we add to the meal to encourage them to eat? _____

AM MIDDAY PM
Cup(s) Wet: _____ Cup(s) Wet: _____ Cup(s) Wet: _____

Cup(s) Dry: _____ Cup(s) Dry: _____ Cup(s) Dry: _____

Time: _____ Time: _____ Time: _____

We like to treat our dogs when going into kennels to foster a positive association. If your dog has a sensitive stomach or allergies, please provide treats/toys we may use for reward.)
Brand/Type: _____
Amount: _____
Time/Frequency: _____



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Please list any lump, bump, scar, hotspot, and/or cut on your dog's body.

When and how did your dog start living with you? (Please provide any relevant background information, such as history of abuse or lack of socialization before entering into your care.)

Describe dog's normal socialization with people and with dogs (i.e. goes to dog park once a week; always alone at home; behavior on walks, etc.).

Has your dog ever been to a daycare or boarding facility before? How did they do?

Your dog... Is very high energy?(Extremely active) Loves dogs
(check all that apply): Is mid-level energy (moderately active) Likes dogs
 Is low energy (likes to lounge a lot) Doesn't care about other dogs

Describe your dog's favorite activity:

Describe any past or current behavioral issues your dog has displayed, when issues occurred, and what has been done to remedy them. (Include incidents of biting, nipping or growling at any dog or person.)

Are there any places your dog does not like to be touched, during grooming or otherwise?

What commands does your dog understand (i.e Sit, stay, down, off, ...)?

What types of training, formal or informal, has your dog experienced?

Dog Treats	Brand/Type	_____
	Amount	_____
	Time/Frequency	_____

Can your dog be fed together with a sibling if they are attending simultaneously? **Y / N**
Often, dogs away from home are reluctant to eat; what can we add to a meal to encourage them to eat?

Is your dog particularly sensitive to hot or cold weather? **Y / N**
Where does your dog usually sleep? (Your bed, kennel, etc.) _____

Is your dog allowed to get on the couch, or can he/she do so here? **Y / N**

Is your dog afraid of any type of human/dog/event (i.e tall men, thunder, grooming, etc.)

What are the main reasons you are bringing your dog to Pomona Pet Services, and what do you hope your dog will get out of the experience?



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Client Release

I understand that, despite Pomona Pet Services' efforts to maintain the safety of every dog and human at Pomona Pet Services' facility, there are risks involved in doggie day care. These risks include (but are not limited to) injury, altercation with another dog, contracting fleas, kennel cough or other communicable illness. I voluntarily accept these risks, and release Pomona Pet Services and its employees, independent contractors, owners and assignees from any and all claims arising out of injury or damage in any way related to or resulting from my association with Pomona Pet Services, including but not limited to claims of injuries to my dog, myself or anyone I send to pick up or drop off my dog, or to any property that belongs to me. I understand and agree that dogs are unpredictable animals, and if my dog becomes injured while at Pomona Pet Services I will be responsible for my dog's veterinary bills and any other costs incurred due to the injury. I agree to reimburse Pomona Pet Services for any such veterinary and or damage costs to property, person or dog at the time of my return or within 30 days, whichever is sooner. I understand and agree that this release applies to future unknown or unsuspected claims.

I further understand that, though Pomona Pet Services will attempt to contact my dog's personal veterinarian as well as myself in an emergency, such an emergency might not provide the time to do so prior to the administration of care. I therefore hereby allow Pomona Pet Services to attain medical attention for my dog from any qualified veterinarian and to transport my dog to and from that veterinarian when Pomona Pet Services deems such medical care important for my dog's health. I grant Pomona Pet Services or its employees or agents full power of decision involving the medical treatment of my dog, and will reimburse Pomona Pet Services within 30 days for such occurrence. I understand Pomona Pets does not provide medical services and its employees are not trained veterinary personnel and do not assume the responsibility of diagnosing or treating medical issues related to animals and release any claim against Pomona or its staff related to the failure to seek medical attention. This release applies to any claims for injuries or damages related to such medical care or transport.

_____ I DO want extreme life saving measures taken for my pet.
_____ I DO NOT want extreme life saving measures taken for my pet.

I understand and agree that if my dog damages property belonging to Pomona Pet Services that I shall be responsible for paying for that damage within 30 days. I further understand and agree that if my dog attacks and injures another dog I will be responsible for paying for any damage caused to that dog within 30 days. I indemnify and hold harmless Pomona Pets for any claim that may arise related to an altercation that a dog may have engaged in during its stay.

I represent that my dog is currently in good health and has not had any communicable illness of any kind for one week prior to attending Pomona Pet Services. I further represent that each time I bring my dog to Pomona Pet Services, I am re-certifying that my dog is in good health and has not had any communicable illness of any kind for one week prior to such attendance.

I represent that my dog is currently protected by a flea care preventative and my dog will be protected by this preventative throughout each and every day my dog attends Pomona Pet Services, each time I bring my dog to Pomona Pet Services.

I represent that my dog does not have a history of aggressive behavior towards other dogs or humans.

I grant Pomona Pet Services permission to take videos and photographs of my pet. I understand and agree I will not be paid or compensated for the use of these images in any way.

I warrant that I am at least eighteen (18) years of age and that I have the full, complete and unrestricted right and authority to enter into this release.

Print Name _____

Signature _____ Date _____