

**K9 STAY N PLAY**  
**APPLICATION AND WAIVER FORMS**

These forms must be filled out in full, dated, and signed, and approved by the daycare prior to your dog's first booking.

**DATE:** \_\_\_\_\_

**APPROVED BY:** \_\_\_\_\_

**DOG INFORMATION:**

Dog's Name: \_\_\_\_\_

Breed: \_\_\_\_\_

Colors: \_\_\_\_\_

City License #: \_\_\_\_\_

Birthdate (Year): \_\_\_\_\_

Microchip #: \_\_\_\_\_

Sex: Male ( ) Female ( )

Tattoo: \_\_\_\_\_

**OWNER INFORMATION:**

Owner Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**AUTHORIZED PERSONS AND BUSINESSES:**

The following are the names of individuals and businesses that have your permission to pick up your dog from K9 Stay N Play daycare. You understand that once dogs are released into the care of authorized persons or individuals that K9 Play N Stay are no longer responsible for the well-being of your pet.

**AUTHORIZED INDIVIDUALS:**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

**AUTHORIZED BUSINESSES:**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

**EMERGENCY INFORMATION:**

Emergency Contact Name: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Primary Veterinary Clinic: \_\_\_\_\_

Clinic address: \_\_\_\_\_

Preferred Veterinarian (if any): \_\_\_\_\_

Clinic Phone: \_\_\_\_\_