

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 ()

~~(All dogs over 6 months must be spayed or neutered)~~

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: _____