

# Wags & Barks Application and Agreement for Puppy Class



## General Information

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

How many people in your household?

Adults: \_\_\_\_\_ male \_\_\_\_\_ female / Children: \_\_\_\_\_ male \_\_\_\_\_ female Ages: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

## About Your Puppy

Name of Puppy: \_\_\_\_\_ Birthday (or day celebrated): \_\_\_\_\_

Breed: \_\_\_\_\_  Male  Female

Where did you get your puppy? \_\_\_\_\_

How old was puppy when you brought him home? \_\_\_\_\_

Do you have other pets?  No  Yes \_\_\_\_\_

What are your goals for your puppy? (pet, obedience, agility, hunting, pet therapy) \_\_\_\_\_

Veterinarian: \_\_\_\_\_ Phone# \_\_\_\_\_

Vaccinations:  DHLPP  Bordatella  Fecal sample

Copy of Vaccination Records has been received by \_\_\_\_\_ (Wags & Barks staff to initial)

## Waiver of Liability

\_\_\_\_\_ I understand that my dog will be in a group setting with other dogs and, that injuries to my dog, myself, family, and guest may occur. I will not hold Wags & Barks Doggy Day Care, LLC, it's members, or staff responsible financially or otherwise for any injuries or illness that may occur to my dog, myself, family, or guest.

\_\_\_\_\_ I assume financial liability for the acts of my dog(s), myself, and family members, and hold Wags & Barks Doggy Day Care, LLC, it's members, and staff harmless there from in case of illness or injury due to my dog or myself, and agree to indemnify Wags & Barks Doggy Day Care, LLC from any claims arising there from.

\_\_\_\_\_ I understand that Wags & Barks Doggy Day Care, LLC has admitted my dog based on my representation of my dog. I have stated that my dog has not harmed or shown aggression towards any person or any other dog.

Signed \_\_\_\_\_ Date \_\_\_\_\_