

## Registration, Contact and Medical Information for your Pet



Pet's Name _____		Date or Birth _____	M Sex	F
Owner's Name _____		Breed of Pet _____	Weight _____	
( ) _____ Home Phone	( ) _____ Work Phone	Male Neutered? _____	Female Spayed? _____	
Address _____		Does your pet live with children, if yes what ages _____		
City, ST ZIP Code _____		License Number _____	Microchip ID _____	
Email _____		Does your pet live with other animals? _____		

### Alternative Contacts in the Event of Emergency or who may pick up your pet if You are Unavailable

Alternative Contact _____		Secondary Alternative Contact _____	
( ) _____ Home Phone	( ) _____ Work Phone	( ) _____ Home Phone	( ) _____ Work Phone
Address _____		Address _____	
City, ST ZIP Code _____		City, ST ZIP Code _____	

### Medical Information

Veterinarian Office and Address _____	May we contact your vet to confirm your pet is up to date on vaccinations, etc? _____
Veterinarian's Name _____	Phone Number _____
Previous Surgery or injuries _____	Date of Surgery or Injury _____
Please Describe the general health of your dog and indicate any medical and age conditions that may affect his or her playtime, mobility or comfort: Allergies/Special Health Considerations, etc _____ _____ _____	
Medications, Amount, Frequency _____	<b>PLEASE ATTACH COPY OF IMMUNIZATION RECORD FROM YOUR VETERINARIAN</b> _____(Yes/No)
Flea and Tick Prevention (Yes or No) _____	
Heartworm Prevention (Yes or No) _____	
	Immunized: Rabies (Y/N) Kennel Cough (Y/N)

**BEHAVIOR**

What commands does your dog know?:

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Has your dog had any formal training? Yes \_\_\_\_\_ No \_\_\_\_\_ Is your Dog Crate Trained? Yes \_\_\_\_\_ No \_\_\_\_\_

Trainer's name \_\_\_\_\_ Telephone: \_\_\_\_\_

Describe in detail any and all behavioral issues including history of bites, aggressive episodes, triggers, fears, and any stimulus that should be avoided or encouraged:

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What equipment do you use when walking your dog: (Harness/collar, etc?)

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Does your dog have a tendency to chew? (Toys, wood, clothing, leash, paws, etc)

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Does your dog require any special food or medication during its visit?

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Does your dog have any food allergies (on occasion cookies and treats may be given please indicate if that is a problem)

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How did you hear about A Dog's Day away?

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**OTHER Information you think we should know to make your pet more comfortable.**

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**Terms and Conditions**

**You agree and have read the following regarding your pets stay at A Dog's Day Away**

1. We agree to provide complete and personalized care for your dog. In particular we will engage your dog in exercise, playtime and times of rest. Dogs will have access to outside area that will be fenced and covered.
2. You are welcome to check on your dog during our hours of open operation.
3. You agree to pay us the daily rate set forth as posted for the time your dog is in our possession
4. You understand that payment is due at the time of drop off and no later than at that days pick up, if you do not provide us with payment, you authorize us to charge the credit card on file.
5. We will impose a late fee of \$5 per each 15 minutes you are late picking up your dog.
6. We will impose a fee of \$25 for returned checks
7. Reservations are not required but are strongly suggested
8. By signing below you affirm that your dog is not sick, is three months of age or older, is duly licensed to you in accordance with the laws of Massachusetts or the place of your residence, is current on all vaccinations, including DA2PP ( distemper/parvo combo), rabies and Bordatella, on a flea preventative treatment year round and on a heartworm preventative from June- November
9. We reserve the right to refuse any dog at any time at our discretion
10. If you fail to pick up your dog within 72 hours of closing of the day of drop off, your dog will become our property and you agree to allow us to make other arrangements for your dog in any lawful and humane manner that we deem advisable in our exclusive discretion.
11. You agree that we can take your dog to a veterinary clinic of our choosing in the event that we determine that your dog is sick or injured or otherwise in need of veterinary treatment. You agree to pay for all costs of such veterinary care.
12. You understand that a dog's behavior is unpredictable and that your dog may cause injury to himself/herself, other dogs, other property and to other persons. Therefore, while we will carry out our duties you agree to release us, our employees and representatives from all liability for injury or sickness occurring to your dog while your dog is with us. Furthermore, you agree to hold us harmless from all claims, loss, costs, damage or expense arising in any way out of the presence or activities of your dog at our facility, including, without limitation, injuries or death to persons, other dogs or damage to property.
13. This agreement supersedes all prior agreements, constitutes our complete understanding and is not subject to any understandings or conditions that are not set forth herein and may only be modified by a signed writing and shall be governed by the laws of Massachusetts. All disputes relating to the construction and enforcement of this agreement shall be exclusively determined by binding arbitration before the American Arbitration Association in Boston, Massachusetts, under commercial arbitration Rules and that judgment on the arbitration award may be entered in any court of competent jurisdiction. The arbitrator shall award costs of arbitration and reasonable attorneys' fees and expenses to the prevailing party in the arbitration.

\_\_\_\_\_  
Pet Owner's Signature

\_\_\_\_\_  
Date



## AUTHORIZATION TO CHARGE CREDIT CARD

**NAME OF PET(S):** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**Charges Authorized:** \$ \_\_\_\_\_ or as incurred

**Credit Card #:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Expiration date (MM/YY):** \_\_\_\_\_ / \_\_\_\_\_

**CCV:** \_\_\_\_\_

**Card Type:** VISA  MC  AMEX  DISCOVER

**CARDHOLDER NAME:** \_\_\_\_\_

**BILLING ZIP CODE:** \_\_\_\_\_

**I authorize A Dog's Day Away LLP to bill my credit card for daycare services.**

**CARDHOLDER SIGNATURE:** \_\_\_\_\_

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