



Happy Dog South Sound 4802 S Washington St. Tacoma WA 98409

Date _____ How did you hear about us _____

YOU

Name	
Address	
City	
State	
Zip code	
2 best numbers to reach you	
1.	
2.	
Name of employer	
Email	
Name of emergency contact	
Emergency contact number	

DOG

Name	
Breed	
Sex	
Weight	
Birthday (or approximate month and year)	
Age	
Spayed/Neutered	
Veterinarian Clinic	
Veterinarian Clinic number	

Sibling

Name	
Breed	
Sex	
Weight	
Birthday (or approximate month and year)	
Age	
Spayed Neutered	

Please circle the service that interest you Boarding or daycare or both?

Does your dog know commands? If so what commands? _____

Any medical concerns we should know? _____

Staff Notes

Calm assertive	0 1 2 3 4 5	Pack stability	0 1 2 3 4 5	Hyperactive	0 1 2 3 4 5
Dominant aggressive	0 1 2 3 4 5	Hyperactive	0 1 2 3 4 5	Fearful aggressive	0 1 2 3 4 5

Interviewed by _____



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Day care and boarding policies:

All dogs must:

1. Be human and canine friendly
2. Have all vaccinations up to date, including: DAPP, RABIES and BORDETELLA
3. Dogs must be spayed or neutered after 6 months of age

All owners must:

1. Sign an application agreement and give all of your dog's medical history
2. Bring dog in for a meet and greet to assure good nature and non-aggressive disposition
3. Represent that you are the sole owner of your dog, free and clear of all liens and encumbrances
4. Make payment at time of service
5. If your dog is at Happy Dog South Sound for daycare it must be picked up by 7PM or a late fee of \$1 a minute may be applied and if left overnight an expense of \$50 will be applied
6. Reserve daycare visits in advance
7. Feed your dog prior to dropping off at daycare
8. Not bring dog if showing signs of illness
9. Treat your dog with a flea/tic medication

I have read and understand the above policies and procedures

Print name _____

Signature _____

Date _____



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Health and treatment

I understand that I am solely responsible for any harm caused by my dog while he or she is participating group play in dog day care and or boarding activities at Happy Dog South Sound LLC.

I understand and agree that by admitting my dog Happy Dog South Sound has relied on my representation that my dog is in good health, has all required vaccinations and has not harmed or shown aggression or threatening behavior toward any person or dog.

I understand and agree that Happy Dog South Sound LLC and it's staff will not be liable for any problems that develop, provided reasonable care and precautions are followed and hereby release them of any liability of any kind whatsoever arising from my dog's attendance and participation in activities at Happy Dog South Sound LLC.

I understand and agree that any problem that develops with my dog it will be treated as deemed best by the staff of Happy Dog South Sound LLC. In their sole discretion and that I assume full financial responsibility for any and all expenses involved.

Print name _____

Signature _____

Date _____

Name of dogs _____



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Consent for treatment contract

If it should become necessary for my dog _____ to receive professional treatment, I hereby give my permission for a licensed veterinarian to administer the medical treatment he/she deems necessary. I understand every effort will be made to contact me in such an event. I understand that I am responsible for any cost resulting from veterinary care.

Contract:

As the owner of the above referenced dog, I understand that Happy Dog South Sound LLC, it's employees and officers will exercise due care to protect the health and safety of my dog while in their care. In the event that my dog becomes ill or sustains an injury, I _____, authorize Happy Dog South Sound LLC. and it's representatives to obtain medical treatment in the event of an illness or accident for the following canine: Name of dog _____ Breed _____.

I give the attending veterinarian permission to start medical treatment. In the event that the medical expense exceeds \$ _____, I request that a Happy Dog South Sound LLC. representative or the attending veterinarian contact me before any further treatment is performed. I agree to reimburse Happy Dog South Sound LLC. for any and all expenses incurred for the medical treatment of my dog. Payment will be made upon receipt of medical statement.

In the unlikely event that my pet passes away for any reason at daycare, I understand that he/she will be transported to my vet. If not available the pet will be transported to the vet working with the daycare.

I understand that the concept of doggie daycare is to allow for dogs to be socialized by interacting with people and dogs. As always, with the interaction of dogs there is a chance of injury. I assume all risk of injury to my dog while at Happy Dog South Sound LLC so long as reasonable care is taken to prevent any unnecessary injury.

I hereby waive and release Happy Dog South Sound LLC., it's employees and officers from any and all liability of any nature for any injury, death or loss of my dog resulting from Happy Dog South Sound LLC actions or from the action of my dog or any other dog while in the custody or on the grounds or surrounding area of Happy Dog South Sound LLC., not resulting from the negligence of Happy Dog South Sound LLC.

I will assume all liability for the actions of my dog and agree to maintain personal liability insurance to cover me in the event of such an incident. I have been given a copy of the policies of this dog daycare and agree to abide by all policies and procedures.

Print name _____

Signature _____ Date _____