

HERMOSA DOGGIE DAY CARE

WHERE SMALL DOGS PLAY BIG!

CHECKLIST FOR ADMISSIONS

OWNER'S NAME: _____
(Signature) (Print)

DOG'S NAME: _____
(Print) (Date)

DOG'S NAME: _____
(Print) (Date)

Please Check Off When Completed:

- _____ New Client Registration
- _____ Pet Personality Profile
- _____ Current Copy of Vaccinations (incl. Bordetella)
- _____ Initial Rules & Regulations
- _____ DayCare and Overnight Price List
- _____ Signed Release Form
- _____ F.A.Q. About DayCare and OverNights

Checklist Completed By: (Print Staff Name) _____

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NEW CLIENT REGISTRATION

Referred By: _____

Pet #1 Name: _____ D.O.B./Weight _____

Pet #2 Name: _____ D.O.B./Weight _____

Owner's Last Name: _____ First Name: _____

Address: _____ City/Zip: _____

Home Phone: () _____ Work Phone: () _____

Cell/Pager: () _____ E-Mail: _____

Driver's License #: _____ State: _____ DOB: _____

Emergency Contact:

Name: _____ Day Phone: () _____

Name: _____ Day Phone: () _____

VETERINARIAN:

Name: _____ Doctor: _____

Address: _____ City/Zip: _____

Phone: () _____

- Spayed/Neutered: _____ Yes _____ No
- Collar/ID Tag with Name and Phone: _____ Yes _____ No
- Micro-chipped: _____ Yes _____ No

PAYMENT IS DUE AT TIME OF PICKUP

Late charge of \$10 if you pick up after 7 p.m. on weekdays and 6 p.m. on weekends.

Please Circle One: Visa Master Card Discover Amex

Card Number: _____ Exp. Date: _____ Security #: _____

ANY DOG LEFT FOR AN EXTENDED PERIOD OF TIME DETERMINED BY OWNERS OF HDDC
WITHOUT PAYMENT WILL BE PLACED IN AN APPROPRIATE HOME.

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PET PERSONALITY PROFILE

#1 Dog's Name: _____ M ___ F ___
Dog's DOB: _____ Color: _____
Dog's Breed/Mix: _____ Microchip #: _____
Weight: _____

#2 Dog's Name: _____ M ___ F ___
Dog's DOB: _____ Color: _____
Dog's Breed/Mix: _____ Microchip #: _____
Weight: _____

- How long have you owned your dog(s)? _____
- Where did you get your dog(s)? _____
- If adopted, do you have knowledge of your dog's past history? _____

- Are there other animals in your household? ___ Yes ___ No
If yes, please list by species, breed, ages & sex: _____

- How does your dog get along with other resident pets and humans? _____

Please list any medical problems/medication: _____

Does your dog . . .

have allergies? _____

have knee problems? If yes, what restrictions need to be placed on your dog's activities or movements? _____

show aggression? ___ Yes ___ No

Is your dog fearful of other dogs or people? ___ Yes ___ No

Is there anything else we should know? _____

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RELEASE FORM

- I understand and agree that in admitting my dog(s) to Hermosa Doggie DayCare (HDDC) that HDDC has relied on my representation that my dog(s) is/are in good health, and have not harmed or shown aggressive/threatening behavior toward any person or any other dog.
- I further understand and agree that HDDC and their staff will not be liable for any problems that develop, provided reasonable care and precautions are followed, and I hereby agree to release them and hold them harmless for any and all liability arising from my dog(s) attendance at HDDC.
- I further understand and agree that injury sustained by my dog(s) will be treated as deemed best by the staff of HDDC and in their sole discretion at normal hospital fees. I will assume full financial responsibility for any and all expenses involved, including vet fees and/or hospitalization.
- Occasionally, pets may develop problems from environmental and dietary changes. Signs may include: vomiting, diarrhea, coughing, sneezing, scratching or biting the skin. HDDC will take great care so that these problems won't occur; however, I am aware and understand that these conditions can develop and that HDDC is not financially responsible for these inherent conditions if they do occur.
- I agree to notify HDDC if there is any change of plans in my pet's scheduled release date. I understand that if I don't notify HDDC of a change of departure time, and either you do not hear from me or are unable to contact my authorized emergency agent for a period of **24 hours** after my pet's scheduled release time, HDDC will consider my pet abandoned according to the animal abandonment laws in the State of California. I have been advised that I will be responsible for the fees accrued and any other fees or legal services incurred by HDDC as a result of the abandonment.
- I further understand and agree that injury my dog(s) has caused any other dog(s) or HDDC staff will be treated as deemed best by the staff of HDDC and in their sole discretion... and that I will assume full financial responsibility for any and all expenses involved.

I certify that I have read, understand and agree to the Rules and Regulations set forth, and will accept all terms, conditions and statements of this agreement.

Owner's Signature

Print Name

Date