

Wags Doggie Day Care

Registration and Pet Care Agreement



Owner 1

Name: _____ Cell Phone: _____

Home Phone: _____ Work Phone: _____

Email : _____

Owner 2

Name: _____ Cell Phone: _____

Home Phone: _____ Work Phone: _____

Email : _____

Address: _____
Street *city, state and zip code*

Emergency Contact Info: (someone other than yourself or your spouse who could pick up the dog in case of emergency)

Name: _____ Phone: _____

Vet's Name: _____ Phone #: _____

How did you hear about us? _____

Dog Profile:

Name: _____ Breed: _____

Sex: _____ Birthday: ____/____/____ Spayed or Neutered? _____

Date of last Vet visit: _____

Any current health issues? (Please describe) _____

Any previous health issues or injuries? Please describe :

Describe any restrictions on activity if needed: _____

Allergies? (Please describe) _____

Any medications? Please list and explain reasons: _____

Has your dog had a stool sample checked by your vet in the last 6 months? **Yes / No**

Has your dog tested positive for any intestinal parasites, such as Giardia, Roundworm, Hookworm, Whipworm within the past 6 months? **Yes / No**

If yes, a repeat stool sample must be checked and a copy of the test results indicating "No Ova and Parasites seen" should be provided to Wags before your dog can begin or resume attending day care.

Anything else we should know about your dog(s)?

Please provide a valid Rabies Certificate as well as other Vaccination Records.

Required Vaccines: Rabies, Distemper, Hepatitis, Parvo, Parainfluenza (DHPP).

Optional but Recommended: Kennel Cough, Canine Influenza

Wags Policy

Hours: Monday - Friday, 7am-7pm // All dogs must arrive before 10am

_____ Initial

Cancellations

- We need at least 24-hours of a cancellation to your schedule. You can contact either by phone 978-468-9924 or email us at reservations@mywags.com
- We do charge for the day if we do not get a notice that your dog will not be attending on their scheduled day. (For Monday schedules, a voicemail or email by Sunday evening is necessary)

_____ Initial

Late Pick Up Fee's

We know things happen beyond our control - family emergencies, car troubles, traffic accidents etc. We always strive to provide excellent customer service, and will consider circumstances before charging fees. We also reserve the right to charge additional fee's for repeated late pick-up's

- 2 to 5 minutes late: \$5.00
- 5 to 15 minutes late: \$15.00
- 15 to 30 minutes late: \$25.00
- Over 30 minutes late: \$45.00

_____ Initial



AUTHORIZATION FOR RELEASE OF INFORMATION

There are times when we recommend and/or require veterinary attention for your dog. We do this to insure the health and safety of your pet and the other dogs in our care. At times we may need to discuss your pet's condition and treatment to confirm that it is safe for them to return to Wags for day care, and to review any restrictions that your veterinarian may recommend on their activity. Some health conditions are difficult to definitively diagnose, and veterinarians may have differing recommendations on treatments. We ask for this permission, not because we don't trust you or believe you, but because sometimes medical conditions are complicated and it can help us understand your dog's condition and your vet's recommendations. It can help us educate our other customers about illnesses that they may have been exposed to here at Wags.

Dog's Name: _____

Breed: _____

Owner's Name: _____

Phone #: _____

I authorize my veterinarian/animal hospital:

_____ to release the above named patient's medical information to the staff at Wags Doggie Day Care in Wenham, MA.

Owner's Signature

Date



Pet Care Agreement:

1. I understand and agree that Wags Doggie Day Care is relying on my representation of my dog's health and behavior, including that my dog(s) is/are in good health and have not harmed or shown aggression or threatening behavior toward any person or any other dogs. I further understand and agree that Wags Doggie Day Care and their staff and volunteers will not be liable for any problems that develop. I agree and understand that Wags Doggie Day Care reserves the right to deny admittance to my dog(s) at any time for any reason. _____
Initial
2. I understand that day care is a place where pet dogs co-mingle in groups. Play can be very active and injuries can occur in this setting. I understand and agree that Wags Doggie Day Care and its staff and volunteers will not be liable for any injuries or harm that occurs while my pet(s) is/are in their care, provided that reasonable care and precautions are followed. _____
3. I understand and agree that I am solely responsible for any and all acts or behavior of my dog(s) while in the care of Wags Doggie Day Care. I release Wags Doggie Day Care from any liability arising from my dog's attendance and participation in day care and accept full responsibility for any and all costs for injury to staff or other animals or damage to facilities caused by my dog(s). _____
4. I understand and agree that if my dog(s) become ill or injured, or if the state of the dog's health requires medical attention, Wags Doggie Day Care, in its sole discretion, may engage the services of a veterinarian or administer medicine or give other requisite attention to the animal. I agree to assume full financial responsibility for any and all expenses incurred. Wags Doggie Day Care staff and volunteers will make their best efforts to notify the owner in the event of a serious illness or injury using contact information provided by and kept current by the owner. _____
5. I certify that, to the best of my knowledge, my pet has not been exposed to any communicable diseases within the past 30 days. I agree that I will notify Wags Doggie Day Care of any known exposure of my dog(s) to communicable diseases and will keep my dog(s) out of day care, and will provide a veterinary certification of fitness for day care to be admitted or re-admitted. I also agree that I will maintain current vaccines for my dog(s) and provide certification to that effect upon initial evaluation and periodically as requested. _____
6. I agree that my dog(s) may be photographed, videotaped and/or recorded and that Wags Doggie Day Care retains all rights to use and proceeds from use of images. _____

Signature of owner: _____

Name of owner (please print): _____

Date: _____