

Canine - Daycare

Client name: _____ Pet Name: _____
Breed: _____ Sex: _____ Color: _____
Date Arrived: _____ Date Leaving: _____ Approx. Pick up time: _____
Any current health problems? _____

Medical History:

For the safety of your pet would you like an exam with the doctor prior to boarding?
(\$25) ___yes ___no

The following **required** vaccinations must have been given in the last 12 months.

Distemper _____ date received _____ please administer
Rabies _____ date received _____ please administer
Bordetella _____ date received _____ please administer
Heartworm/Lyme/Ehrlichia Test _____ date received _____ please administer
Fecal _____ date received _____ please administer

I understand that with any domestic animal, there are reasonable risks when handling and owning said animals and, therefore, agree to assume those risks including (but not limited to) assuming the financial responsibility of any possible litigation arising from any incident involving the above mentioned pet(s), and to release, indemnify, and hold without fault All Pets Vet Hospital, it's Employees, Officers, Directors, Agents or Contractors from any and all damages or personal injury caused by my pet(s) or my handling of said animals.

I grant permission to All Pets Vet Hospital to use my pet's photographs and/or videos taken during Canine Daycare for educational and promotional purposes in any type of media.

I as the owner or authorized person of this pet, give permission for All Pets Vet Hospital to treat my pet if needed in the case of medical emergency. I agree to be available for the return of the animal at a mutually agreed on time. If the owner does not pick up this pet after 3 days without contacting the office, the owner relinquishes all claims to the animal.

Signature _____ Emergency # _____

Please note and special concerns or instructions for our trainer:
