Intake Form

We specialize in socialization for dogs

Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Phone (H) _____ Cell _____

Email _____

Dog's Name _____ Breed _____ Age _____ Sex ____

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Dogs Vet _____ Phone number _____

Spay/Neuter: yes no *Note: All dogs over 8 months old must be spayed or neutered to attend.*

Dogs current diet/food brand _____

What flea program is your dog on? Please list medications _____

_____

Does the dog have any food/chemical or other allergies? _____

_____

Please indicate any other existing health issues or conditions, if applicable _____

_____

Emergency Contact and Medical Release Information

Should you be unavailable, list whom would you like us to contact in case of an emergency:

Name _____ Phone_____

Address _____

I give permission for release of my pet in the event of an emergency to the person named above. I further give permission for medical attention outlined below, including accepting financial responsibility for medical care for my pet. This permission remains in effect until revoked in writing by me.

I give Donna Blake or her representative permission to seek any and all emergency medical attention deemed necessary for my pet listed above. I further agree to be financially responsible for all veterinary bills incurred on behalf of my pet. This agreement remains in effect until revoked in writing by me. Please Note: If medical care is required, we will attempt to phone you and allow you to make medical decisions regarding your animal. If you are unavailable, we will make decisions based on the best interest of your animal. If there is a maximum amount you would authorize on veterinary care, please identify that here: $_____

I have read the Stay and Play Dog Care policies and medical release information. I agree to all of the above information.

Signature _____ Date _____