



# Doc's Doggie Daycare & Boarding

1401 Sawyer Road, Corinth, MS 38834

Phone: (662) 396-2111

Fax: (662) 396-2112

info@docsdoggiedaycare.com



## Doggie Daycare Application

### OWNER INFORMATION:

Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Cell/Primary Phone (\_\_\_\_) \_\_\_\_\_ Secondary Phone (\_\_\_\_) \_\_\_\_\_  
Email \_\_\_\_\_

### EMERGENCY CONTACT:

Name \_\_\_\_\_ Primary Phone \_\_\_\_\_

### DOG INFORMATION:

Name \_\_\_\_\_ Female \_\_ Male \_\_ Age \_\_\_\_  
Birthdate \_\_/\_\_/\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_  
Microchip # \_\_\_\_\_ Company \_\_\_\_\_ Phone # \_\_\_\_\_  
Veterinary Clinic \_\_\_\_\_ Phone # \_\_\_\_\_  
Veterinarian's Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_

### CURRENT VACCINATIONS:

Please have your vet send these to us by e-mail or fax.

Age your dog was neutered/spayed \_\_\_\_\_

Allergies \_\_\_\_\_

### Medical History:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Medications:

\_\_\_\_\_  
\_\_\_\_\_

### Special Instructions and/or Restrictions

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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How long have you had your dog ?

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Where did you get your dog ?

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If adopted/rescued, do you have any back history ?

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What other types of pets do you have ?

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How does your dog interact with other dogs and/or children in the home ?

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How does your dog react with visitors in the home ?

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Are there any types of dogs that your dog fears ?

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Are there any type of people that your dog fears ? (Gender, Behavior, Clothing, Hats)

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Has your dog ever growled, snapped, bitten a person or another dog ?

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Does your dog growl or become aggressive around food and or toys ?

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Does your dog share well with others ? (Food, toys, beds, etc)

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Has your dog ever been in daycare ? (Where and When)

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In obedience training? (Type, where and when)

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Does your dog go to an off leash park?

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Any behaviors we should be aware of?

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Can your dog climb or jump a fence? \_\_\_\_\_ How high? \_\_\_\_\_

Any issues we need to know about your dog? Aggression: \_\_\_\_\_ Chews: \_\_\_\_\_

Excessive Barking: \_\_\_\_\_ Digs: \_\_\_\_\_ Separation Anxiety: \_\_\_\_\_

Jumper (gates): \_\_\_\_\_ Possessive: \_\_\_\_\_ Eats Stool: \_\_\_\_\_ Noises: \_\_\_\_\_ Shy: \_\_\_\_\_

Is there anything else we need to know?

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Can your dog have biscuits?

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Where is your dog's favorite place to be petted?

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Does your dog know any tricks?

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Anything you would like us to help you with? (Basic commands, housebreaking, etc):

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How did you hear about Doc's Doggie Daycare?

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## Doggie Health and Temperament Agreement

Agree and understand that in admitting my dog to Doc's Doggie Daycare that my dog is in good health, is current on all vaccinations and has not harmed or shown aggression or threatening behavior towards another dog and/or human. I understand that in any cageless dog environment that there is an inherent risk of injury or illness from rough play and/or fights. Understanding this, I accept full responsibility and hold Doc's Doggie Daycare harmless for any pet injury, death or damage. I agree that I am solely responsible for any harm caused by my dog while my dog is in the care of Doc's Doggie Daycare. I agree not to hold Doc's Doggie Daycare and their owners/associates liable for any injuries to my dog while in the care of Doc's Doggie Daycare. I understand if my dog shows repeated aggressive or menacing behavior that the dog will be moved to seclusion. If the behavior continues your dog may be asked not to return to Doc's Doggie Daycare. By signing this form, you acknowledge that you understand and accept the terms and conditions set forth by this agreement.

Dog's Name and Breed \_\_\_\_\_

Owner's Signature \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_



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## Emergency Medical Treatment Authorization

Doc's Doggie Daycare will make every effort to contact you in any emergency situation with your dog before we transfer to a licensed veterinarian. This authorization gives the owners/associates of Doc's Doggie Daycare the right to act on my behalf in the event my dog needs medical attention. I, the owner, authorize a licensed veterinarian and their assistants, to administer treatment and perform procedures as are considered therapeutically and diagnostically necessary for the care of my dog, including administration of anesthesia. In the event that emergency treatment is required, I authorize the veterinary staff and their assistants to perform medical and surgical treatments necessary to preserve the life of my dog until I can be contacted for further approval. I accept full responsibility for any and all financial responsibility for the treatment that my dog receives from the licensed veterinarian and their staff. I hereby release Doc's Doggie Daycare from any and all claims from any emergency situation.

Dog's Name and Breed \_\_\_\_\_

Owner's Signature \_\_\_\_\_

Date \_\_/\_\_/\_\_

Cell Phone Number(s)

\_\_\_\_\_