



WAGS 'N WHISKERS
comprehensive pet care

CAMP WAGS: DAYCARE

**Please note that all dogs 18 months or older must be spayed/neutered.*

PET AND OWNER INFORMATION:

Pet Name: _____ Breed: _____ Age: _____

Spayed/Neutered: Yes / No Color: _____ Weight: _____

Owner's First and Last Name: _____

Address: _____ Email: _____

City: _____ Phone: (1) _____ (2) _____

State: _____ Zip: _____ Preferred Contact Method: Call _____ Text _____

EMERGENCY CONTACT INFORMATION (OTHER THAN OWNER):

Name: _____ Name: _____

Email: _____ Email: _____

Phone: _____ Phone: _____

Please provide your vet clinic's name and phone number.

Veterinarian's Name: _____ Phone: _____

**Please note, vaccination records are required for all dogs to enter the facility. If not up to date on rabies, bordetella, and DHPP, pets will be taken to Wags' on-call vet at owner's expense.*

If my pet gets sick during stay: Call me _____ Text me _____ Call emergency contact _____ Call Wags on-call vet _____

Does your pet have health concerns? Yes / No Explain: _____

Does your pet have any allergies? Yes / No Explain: _____

Does your pet have medications? Yes / No Medication Name: _____

Do medications need to be administered while at daycare? Yes / No Dosage: _____ Frequency: _____

Last administered dosage: _____ **Please note, a fee of \$3.50 per day, per pet will be charged to administer medications.*

List any restrictions we should place on your dog's activities: _____

Daycare Dates (if reoccurring): M T W Th F Every Week Every Two Weeks Every Month

Behavior? (Please check all that apply):

_____ Has attended daycare _____ Goes to the dog park _____ Displays separation anxiety

_____ Displays leash aggression _____ Crate-trained _____ Altercation with a dog

_____ Has formal training _____ Can escape crate _____ Has bitten someone

_____ Fears: _____ _____ Prone to eating foreign objects: _____ Lives with other pets

If necessary, please explain any behaviors listed above or add any other behavior we should note here: _____

Signature: _____ Printed Name: _____ Date: / /