



WAGS 'N WHISKERS
comprehensive pet care

CAMP WAGS: DAYCARE

OFFICE USE ONLY:

Date: / / Expiration date: / /

Signature: _____

PET AND OWNER INFORMATION:

Pet Name: _____ Breed: _____ Age: _____

Spayed/Neutered: Yes / No **Please note that all dogs six months or older must be spayed/neutered to attend daycare.*

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: _____

Do you have your pet's vaccination records? Yes / No If no, please provide veterinarian's contact information:

Veterinarian's Name: _____ Phone: _____

**Please note, vaccination records are required for all dogs in daycare. If records are not provided, a \$10 fee will be charged to your account to retrieve the records from the veterinarian.*

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 _____

While at Camp Wags, I would like my dog to: Be bathed _____ Be groomed _____

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: / /