



Doggie Daycare Application

Date: _____

Owner Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell: _____

Work: _____

Home: _____

Email Address: _____

How did you hear about My Three Dogs? _____

Dog Information

Dog #1

Name of dog: _____

Breed: _____

Age/Date of Birth: _____

Color/Markings: _____

Sex of Dog/Spayed or Neutered: _____

Weight: _____

DHLPP Last Given (yearly): _____

Rabies Last Given (yearly): _____

Bordatella (due every 6 months): _____

Is flea and tick medication current?: _____

Does your dog have any skin issues? _____

Has your dog ever bitten anyone? If so, why? _____

Dog #2

Name of dog: _____

Breed: _____

Age/Date of Birth: _____

Color/Markings: _____

Sex of Dog/Spayed or Neutered: _____

Weight: _____

DHLPP Last Given (yearly): _____

Rabies Last Given (yearly): _____

Bordatella (due every 6 months): _____

Is flea and tick medication current?: _____

Does your dog have any skin issues? _____

Has your dog ever bitten anyone? If so, why?: _____

Please provide any additional information you think we should know about your dog(s): _____

Does your dog(s):

...take any medication? Yes____No____

...been enrolled in daycare before? Yes____No____

...have any medical problems or physical disabilities? Yes____No____

...have any previous injuries or surgeries? Yes____No____

...know any commands? (please specify which, if any) Yes____No____

...have a problem with excessive barking, jumping, mouthiness, or eating stool?
(Please specify which, if any) Yes____No____

What are your goals for having your dog(s) attend daycare? _____

PLEASE READ CAREFULLY BEFORE SIGNING

*By filling out this application and signing below, I hereby release My Three Dogs and all associated parties from any and all liabilities for injuries to myself, my dog, or any other property of mine which arise in any way out of services and/or products provided by My Three Dogs. I understand that every dog reacts differently and that animals by nature are unpredictable. Dogs and animals may bite or cause other injury to humans and other dogs without warning or reason. The undersigned, by execution of this document, agrees that he, she or they shall indemnify and defend My Three Dogs and their owners officers, employees, and agents and hold each of them harmless from any claim, demands, causes of actions or damages, including reasonable attorneys fees, arising out of any action or damage or injury done by their dog to any individual or individuals while in the care of My Three Dogs I acknowledge and understand that there are certain risks involved in day care and grooming, including but not limited to dog fights, dog bites to humans or other dogs, and the transmission of disease. Any medical expenses will be my responsibility and I release My Three Dogs of any charges. I understand that dogs not familiar with My Three Dogs may experience separation anxiety when apart from their humans, and dogs unaccustomed to the level of activity at daycare may have sore muscles, joints, and fatigue. Dogs not regularly socialized do not necessarily know how to behave politely with other dogs. These dogs are at a higher risk of incidents including but not limited to bites, fights, fear aggression, object guarding, and/or acting out. I also understand that all dogs must be spayed or neutered, on a flea/tick preventative program, and up-to-date on DHLPP, rabies, and bordatella (**MUST BE UPDATED EVERY 6 MONTHS**). I also understand that My Three Dogs' hours are Monday through Friday from 7 am to 7 pm, and must be promptly picked up before 7 pm (or 1 pm for half-days). Late charges of \$1.00 per minute will be applied otherwise. Reservations are required, and cancellations not made by 6:30 pm one business day prior to the scheduled day care day will be charged full fees and invoiced to the parent. By signing below, I accept exclusive and sole responsibility, financial or otherwise, for these and all other risks and release My Three Dogs and related parties of all liability.*

Signature: _____ Date: _____

Veterinarian Information

Veterinarian: _____

City: _____ State: _____

Owners Name (Please Print): _____

In case of medical emergency I understand that full effort will be made to reach me or my emergency contact. However, failing so, I give full permission for My Three Dogs to make any needed decision concerning medical treatment of my dog(s). I authorize urgent veterinary treatment of my animal(s) and I understand that I will be fully responsible for all fees and charges incurred on my behalf. My Three Dogs reserves the right to utilize the services of any available veterinary clinic failing to reach and/or acquire the services of my chosen veterinarian.

Signature: _____ Date: _____

