

OFFICE USE ONLY

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GREENLAND MEADOWS DOGGIE DAYCARE
176 Breakfast Hill Road, Greenland, NH 03840 (603) 430-1023

YOU MUST ENCLOSE A COPY OF YOUR DOG'S RABIES CERTIFICATION WITH YOUR APPLICATION

Tell Us About You

Last Name: _____ First Name: _____
Street Address: _____ City: _____ State: _____ Zip Code: _____
Home Phone: (____) _____ Work Phone: (____) _____ Ext. _____ Mobile Number: (____) _____
Spouse Name: _____ Work Phone: _____
Your Occupation: _____ E-mail Address: _____

Emergency Contact Information – We attempt to contact you first; Please provide us with people other than yourself or your spouse

Primary Emergency Contact: _____ Phone Number: _____
Secondary Emergency Contact: _____ Phone Number: _____

Tell Us About Your Dog

Breed: _____ Name: _____ Sex: _____ Is he/she spayed/Neutered: _____
Age: _____ Date of Birth: _____ Is your dog friendly to other dogs? _____ Is your dog friendly to people? _____
Vet: _____ Vet Phone: _____
Last Distemper/Parvo on: _____ Tattoo Number: _____ Microchip Number: _____
Rabies Expiration: _____ Rabies Tab Number: _____ Date of kennel cough vaccine: _____
Date of last fecal: _____ Results: _____ Date of heartworm test: _____ Results: _____
What medication is your dog currently taking? _____
What special dietary requirements does your dog have? _____
At what age did you obtain your dog? _____ Where did you get your dog? _____
List your dog's fears such as thunder, people, noises, other dogs, etc.? _____
Is this your first dog? _____ Do you have children? _____ Is so, what are their ages? _____
Please check any problem: _____ Chewing _____ Puppy Biting _____ Jumping Up _____ Pulling on Leash _____ Stealing Food/Objects _____ Running Away _____
Is your dog crate trained? _____ Is your dog house trained? _____ What brand of food do you feed your dog? _____
Does your dog – (S) Snarl, (G) Growl, (SN) Snap, (B) Bite, (NT) have not tried it – when you:
____ Take toy away ____ Take food away ____ Brush ____ Bathe ____ Approach when eating ____ Approach sleeping area ____ Touch when asleep
____ Touch neck/collar ____ React to moving objects ____ React to new people ____ React to new situations ____ React to other dogs
Describe any physical problems that your dog has such as deafness, blindness, epilepsy, arthritis, hip or other joint problems: _____
Describe any illness, skin problem, or other condition that your dog has had in the last year that required medical attention: _____
Is there anything else we should know? _____
How did you hear about Greenland Meadows Doggie Daycare? _____

WAIVER, ASSUMPTION OF RISK, AND AGREEMENT TO INDEMNIFY AND HOLD HARMLESS

I understand that attendance in a dog daycare is not without risk to my dog, myself, members of my family or guests who may attend, because some of the dogs to which I (we) will be exposed may be difficult to control and may be the cause of injury even when handled with the greatest amount of care.

I hereby waive and release Greenland Meadows Doggie Daycare, its employees, owners, and agents from any and all liability of any nature, for injury or damage which I or my dog may suffer, including specifically, but not without limitation, any injury or damage resulting from the action of any dog, and I expressly assume the risk of any such damage or injury while attending any daycare session or function of Greenland Meadows Doggie Daycare, or while on the grounds of the surrounding area.

In consideration of and as inducement to the acceptance of my application for doggie daycare membership, I hereby agree to indemnify and hold harmless Greenland Meadows Doggie Daycare, its employees, owners, and agents from any and all claims, or claims by any member of my family or any other person accompanying me to any doggie daycare session or function of Greenland Meadows Doggie Daycare, or while on the grounds or the surrounding area thereto as a result of any action by any dog, including my own.

If my dog becomes ill or injured, I authorize agents for Greenland Meadows Doggie Daycare, its employees, owners, and agent's part for loss or damage from disease, death, escape, theft, fire, injury, injury to persons, other dogs or property by said dog, or other unavoids causes.

If a dog is left unclaimed, Greenland Meadows Doggie Daycare retains the right, after 24 hours and after verbal notice to the owners of record, to relinquish said dog to the appropriate authorities. All expenses during this holding period will be the owner's liability.

I represent that I am the legal owner of said dog, that title to said dog is not mortgaged in any way, and that said dog has not been exposed to distemper, rabies kennel cough, parvo, or other known contagious diseases within the last thirty days. I also attest that said dog is free of worms, heartworm, and fleas (if fleas are found, bathing will be done at the owners expense). Proper flea and tick control must be administered prior to entering Greenland Meadows Doggie Daycare.

I agree to all of the above, and that this contract is in effect beginning on the date below and shall remain in effect on all future dates that said dog attends daycare or any other Greenland Meadows functions.

Signature of owner/s _____

Date _____

Signature of owner/s _____

Date _____

In addition to the above, I understand that even with extreme care in choosing groups and monitoring play sessions, that injuries can happen. I hereby agree to indemnify and hold harmless Greenland Meadows, its employees, owners, agents, and other dog owners from any and all claims, or claims made by any member of my family or any other person in relation to any and all injuries that may occur.

Signature of owner/s _____

Date _____

Signature of owner/s _____

Date _____