

# PAWFECT HEALTH DOGGY DAY CARE ENROLLMENT DOCUMENTS



## Pet Info Card:

**Pet's Full Name:** \_\_\_\_\_

How would you describe your pet's personality?

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What are your dog's favourite things/things to do?

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When stressed my dog . . .

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My dog doesn't like other dogs that . . .

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Likes to play with dogs that . . .

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Doesn't like to share . . .

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Will react negatively if . . .

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Is sensitive to. . .

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Any activities you do not want your pet to participate in?

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Likes to sleep on . . .

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Favourite food/s are . . .

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Least favourite food/s are . . .

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Other important info about my pet . . .

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Has your dog ever growled, snapped or bitten another person or dog? Please provide details.

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Any behaviours we need to be aware of?

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Where is the favourite place your dog likes to be patted?

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Emergency Contact: \_\_\_\_\_

Birthday: \_\_\_\_\_

**Pawfect Health Doggy Day Care**  
**EMERGENCY MEDICAL TREATMENT AUTHORIZATION**

Pawfect Health will make every effort to contact your pet's emergency contact in any emergency situation with your dog before we commence any treatment.

This authorization gives associates of Pawfect Health to act on my behalf in the event my dog needs medical attention.

I, the owner, authorize Pawfect Health Vet Hospital & Wellness Centre - a licensed veterinarian and their assistants, to administer emergency 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 Pawfect Health from any and all claims from any emergency situation.

Dog's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Pawfect Health Doggy Day Care**  
**GUIDELINES AND POLICIES**

**RESERVATIONS:**

Reservations are required with availability based on a first come, first serve basis. You may make several days reservations at one time to guarantee space is available.

**CANCELLATION:**

We accept cancellations up to 24 hours in advance. If we are not informed of your cancellation before noon the day before, it will be considered a no show and you will be charged.

**LATE POLICY:**

We close at 6pm. If you are late picking up your dog, a fee of \$1 per minute will be charged. If you know in advance that you will be past 6pm, please call us so we can make the appropriate arrangements.

**FOOD/MEDICATION GUIDELINES:**

We are happy to feed your dog and/or administer simple medications for you. Please label the food or medicine with your dog's name and directions.

**SICK DOG POLICY:**

We reserve the right to refuse a dog if they is flea infested or are showing signs of illness. If your dog becomes sick while in our care, we will isolate him or her, carry out a medical examination, until we contact you to pick them up. A consultation fee will be charged if appropriate.

**COLLAR GUIDELINE:**

All dogs must wear a flat collar (eg: fabric or nylon). Choker collars, chains or prong collars of any kind are not acceptable. We encourage name tags on the collar as well. Face harnesses or body harness can be worn in addition to a flat collar if you wish.

**LEASH GUIDELINE:**

Every dog arriving or leaving our doggy daycare must be wearing a leash that is 2m in length or less.

Dog's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Pawfect Health Doggy Day Care  
HEALTH AND TEMPERAMENT AGREEMENT**

I agree and understand that in admitting my dog to Pawfect Health that my dog is in good health, is current on all vaccinations and flea control and has not harmed or shown aggression or threatening behavior towards another dog and/or human.

I understand that in any cageless dog environment, while under the supervision of professionals in a safe location; that there is an inherent risk of injury or illness from rough play and/or fights. Understanding this, I accept full responsibility and hold Pawfect Health, 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 Pawfect Health.

I agree not to hold Pawfect Health and their associates liable for any injuries to my dog while in the care of Pawfect Health.

I understand that if my dog shows repeated aggressive or menacing behavior that the dog will be removed to seclusion. If the behavior is a threat to team members or other doggy visitors your dog may be asked to leave Pawfect Health Doggy Day Care.

By signing this form, you acknowledge that you understand and accept the terms and conditions set forth by this agreement.

Dog's Name: \_\_\_\_\_

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

Date: \_\_\_\_\_