

PIT STOP HQ APPLICATION FOR DOGGIE DAYCARE

Service Requested _____
Date(s) _____
Owner's Name _____
Address _____
Primary Phone _____ Secondary Contact # _____
Email _____
Pet's Name _____ Male / Female
Breed _____ Age _____
Years Owned _____
Current Vet _____
Weight _____
Neutered/Spayed? Y / N
Heartworm Protection Y / N *Brand Name(s)* _____
Flea & Tick Control? Y / N *Brand Name(s)* _____
Other Pets In Home? Y / N
Has Your Dog Ever Snapped At Or Bitten Another Dog Or Person? Y / N
If Yes, Please Elaborate

Medical Concerns Or Allergies? Y / N
If Yes, Please Elaborate

Housebroken? Y / N
Special instructions/Restrictions

We require up to date vaccination records, please either bring with you upon check-in or contact your vet to fax us your dog's necessary medical records to be on file in case of emergency. Please have your dog fed before and after daycare. We only offer feedings to dogs under 6 months of age or if there are health considerations.

SICK DOG POLICY: We reserve the right to refuse a dog if they are flea infested or sick. If your dog becomes ill while in our care, we will isolate him/her, until we can contact you to pick him up.

COLLAR GUIDELINE: All dogs must wear a quick release collar. Metal collars of any kind are not acceptable. We encourage nametags on the collar as well.

LEASH GUIDELINE: We follow the leash laws of Philadelphia. Every dog arriving or leaving our doggie daycare must have on a leash that is six foot or less.

HEALTH AND TEMPERAMENT AGREEMENT

Agree and understand that in admitting my dog to Pit Stop HQ Doggie Daycare 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 there is an inherent risk of injury or illness from rough play and/or fights. Understanding this, I accept full responsibility and hold Pit Stop HQ 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 Pit Stop HQ. I agree not to hold Pit Stop HQ and their associates liable for any injuries to my dog while in the care of Pit Stop HQ. I understand if my dog shows repeated aggressive or menacing behavior that the dog will be moved to seclusion. If the behavior continues your dog may be asked to leave Pit Stop HQ Doggie Daycare. By signing this form, you acknowledge that you understand and accept the terms and conditions set forth in this agreement.

MEDICAL RELEASE

Pit Stop HQ will make every effort to contact you in any emergency situation with your dog before we transfer to a licensed veterinarian. This authorization gives associates of Pit Stop HQ Doggie Daycare the authority to act on my behalf in the event my dog needs medical attention. I, the owner, authorize a licensed veterinarian and their assistants, to administer 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 Pit Stop HQ from any and all claims from any emergency situation.

Signature _____ Date _____