

# Puppy Playcare

## Boarding & Dog Daycare

### Application

(Please Note: There is a 2<sup>nd</sup> page for Daycare)

4178 Round Bottom Rd  
Cincinnati, Ohio 45244  
513-561-7300 • 513-561-7302  
puppyplaycare@hotmail.com



#### GENERAL INFORMATION

Date \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact (if other than Owner): \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Other person(s) authorized to pick up your dog: \_\_\_\_\_

How did you hear about us? (please circle)      Drive-by      Internet      Reach Ad

Advertisement      Special Event      Other \_\_\_\_\_

Referral \_\_\_\_\_

**\*\*\*Current Copy of Vaccine Records MUST be Attached to Application or Faxed to 513-561-7302\*\*\***

#### ABOUT YOUR PET

Pet's Name: \_\_\_\_\_ Pet's DOB: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Weight: \_\_\_\_\_

Circle One:      Spayed      Neutered      My pet is not spayed or neutered

Dietary \_\_\_\_\_ Restrictions: \_\_\_\_\_

Medications: \_\_\_\_\_

Days/Times Meds Given: \_\_\_\_\_

List any known Allergies: \_\_\_\_\_

#### VETERINARIAN

Veterinary Clinic: \_\_\_\_\_

Veterinarians' Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

I certify that I am the owner of this pet.

I hereby grant permission to this boarding establishment to act on behalf of, and in my pet's best interest, by obtaining veterinary care at my expense, if deemed necessary, for illness or injury. I further agree to pay all veterinary and other necessary services incurred by and for my pet during its stay at this facility.

This boarding facility agrees to exercise all due and reasonable care to prevent injury or illness to my pet. However, in the event of illness or injury, I hereby waive and release Puppy Playcare Inc, its owners, employees, officers, directors, agents or volunteers, from any and all liability of any kind whatsoever. I further agree to indemnify and save them harmless against any and all claims arising from my pet(s) attendance and participation at Puppy Playcare Inc, including, but not limited to, all costs, attorney fees, expenses and liabilities in connection therewith.

I agree to pay all costs for any property damage or personal injury caused by my pet(s) during its stay. I agree to pay all charges on the day of pick-up of my pet(s) and I understand that my pet may not leave the premises until all charges are paid in full. I understand that any animal left for 10 days beyond the agreed date of pick-up, may be taken care of at the discretion of the kennel owner.

Signature of Owner/Agent

Today's Date

Re: 6/2012