



DOG DAYCARE APPLICATION FORM

Personal Info	
Name (Please include spouse if applicable)	Phone Cell () Alternate# ()
Address	
City	State Zip Code
Email Address	
How did you hear about Happy Trails Pet Center?	
Emergency Contact Info	
Name	Phone#
Relationship to you	May this person pick up in your absence? Y N
Veterinarian	
Name	Phone ()
Address	
City	State Zip Code
Pet Information	
Name	Sex
Birthday or @Age	Breed
Vaccinations Expire (Must be current or will not be allowed to stay.)	
Rabies _____ DHP _____ Bordetella _____	
Heartworm medication Y N	Flea/Tick Prevention Program Y N
Basic Information	
Is your dog people friendly? Y N	Has your dog ever bitten anyone? Y N
Does your dog have any behavioral issues that we should know about? Y N (See below)	
Has your dog ever been to a dog park? Y N	Does your dog get along with other dogs? Y N
Has your dog ever escaped by digging or climbing fences? Y N	
Do you walk your dog regularly? Y N	For how long or how far?
Has your dog received any formal training? Y N	Would you like to get more information about training?
If there was one thing I could fix about my dog, it would be...?	
Name	Date



Happy Trails Pet Center

DOG DAYCARE PET CARE AGREEMENT

Your Name: _____

Dogs Name: _____

1. I understand that Happy Trails Pet Center, Inc. has relied upon my representation that my dog is in good health and has not injured or shown aggression or threatening behavior to any person or dog in admitting my dog for services at their facility.
2. I understand that Happy Trails Pet Center, Inc. their owners, staff, partners and volunteers, will not be liable, financially or otherwise, for injuries to my dog, myself or any property of mine while my dog is participating in services provided by Happy Trails Pet Center, Inc. I hereby release Happy Trails Pet Center, Inc. of any liability of any kind arising from my dogs participation in any and all services provided by Happy Trails Pet Center, Inc.
3. I understand and agree that any problems with my dog, behavioral, medical or otherwise will be treated as deemed best by staff of Happy Trails Pet Center, Inc. in their sole discretion, and in what they view as the best interest of the animal. I understand that I assume full financial responsibility and all liability for any and all expenses involved in regards to the behavior and health of my dog.
4. I understand that there are risks and benefits associated with group socialization of dogs. I agree that the benefits outweigh the risks and that I accept the risk. I desire a socialized environment for my dog while attending services provided by Happy Trails Pet Center, Inc. and while in their care. I understand that while the socialization and play is closely and carefully monitored by Happy Trails Pet Center, Inc staff to prevent injury, it is still possible that during the course of normal play my dog may receive minor nicks and scratches from roughhousing with other dogs. Any injuries to my dog will be pointed out by staff upon pick-up.
5. I understand by allowing my dog to participate in services offered by Happy Trails Pet Center, Inc. I hereby agree to allow Happy Trails Pet Center, Inc. to take photographs or use images of my pet in print form or otherwise for publication and/or promotion.
6. I understand that I am solely responsible, financially or otherwise, for any harm or damage caused by my dog while my dog is attending any services provided by Happy Trails Pet Center, Inc.
7. I understand that if my dog is not picked up on time or by a date specified in a separate agreement. I hereby authorized Happy Trails Pet Center, Inc. to take whatever action is deemed necessary for the continuing care of my dog. I will pay Happy Trails Pet Center, Inc. the cost of any such continuing care upon demand by Happy Trails Pet Center, Inc. I understand that if I do not pick up my animal, Happy Trails Pet Center, Inc. will proceed according to the guidelines provided by Georgia Statute 4-11-9.3 Abandonment of animals by owner; procedure for handling. I also acknowledge that I will be fully responsible for all attorneys' fees and associated costs if I abandon my dog.

Signature of Owner _____

Date _____

Printed Name _____



Happy Trails
Pet Center

DOG DAYCARE MEDICAL RELEASE FORM

This is a required form for all Happy Trails Pet Center, Inc. participants receiving services. First and foremost the safety and well being of your pet(s) is of the highest importance. Insuring that your pet remains safe and well cared for is our first responsibility and as such we take it very seriously. We do our best to have our pet parents screen for pre-existing health conditions but some factors may be beyond our control. In the event that a medical emergency arises while a pet is at our facility or participating in a service that we provide. It is imperative that we are immediately able to get them medical treatment at the closest available facility. We will call ahead to the veterinary offices in closest proximity geographically to us to insure they can handle the emergency present. Your pet will be rushed to the closest available facility for treatment and you will be notified. We notify the owner after we have secured a medical treatment center for the animal to avoid delays that may be caused by emotion on the part of the owner. Our goal is to get your pet medical attention as quickly as humanly possible, and any distractions may interfere with that process. For that reason it is a requirement to have our pet's parent sign this form.

I understand that in the event of a medical emergency that Happy Trails Pet Center, Inc at its sole discretion deems to need the immediate attention of a licensed veterinarian. I authorize Happy Trails Pet Center, Inc to seek medical attention at the closest available veterinary facility. I further agree that I am financially responsible for any medical treatment my pet(s) receives as a result of a medical emergency while attending services provided by Happy Trails Pet Center, Inc.

Signature of Owner _____

Date _____

Printed Name _____