



ANIMAL
MAGNETISM
PET SERVICES

Doggie Daycare/Boarding Application

Date of Application: _____

Dates of Daycare or Boarding: _____

OWNER'S INFORMATION:

Name: _____

Address: _____

City/State/Zip: _____

E-Mail Address: _____

Home phone: _____ Cell / Work phone: _____

Persons allowed to pickup you dog(s):

1. Name: _____

Phone: _____

2. Name: _____

Phone: _____

LOCAL EMERGENCY CONTACT:

Name: _____

Address: _____

Home phone: _____ Work phone: _____

VETERINARIAN:

Name and Clinic: _____

Address: _____

Phone: _____

(Medication Release Required for Animal Magnetism Pet Services to administer medication.)

DOG(S) INFORMATION:

Name: _____ Breed: _____ Sex: _____

Age (DOB): _____ Weight: _____ Color: _____

*Medication Requirements: _____

Current Vaccinations: (Date Taken)

DHLPP: _____

Rabies: _____ 3 year _____ 5 year _____

Bordetella: _____

Current Flea Control Program: _____

(ie: Advantage, Frontline, Other – please name)

Name: _____ Breed: _____ Sex: _____

Age (DOB): _____ Weight: _____ Color: _____

*Medication Requirements: _____

Current Vaccinations: (Date Taken)

DHLPP: _____

Rabies: _____ 3 year _____ 5 year _____

Bordetella: _____

Current Flea Control Program: _____

(ie: Advantage, Frontline, Other – please name)

Name: _____ Breed: _____ Sex: _____

Age (DOB): _____ Weight: _____ Color: _____

*Medication Requirements: _____

Current Vaccinations: (Date Taken)

DHLPP: _____

Rabies: _____ 3 year _____ 5 year _____

Bordetella: _____

Current Flea Control Program: _____

(ie: Advantage, Frontline, Other – please name)



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Enrollment Form

GENERAL INFORMATION:

We want to know your pet as well as you do. The information below will help us take care of your dog when he/she is at our facility.

How did you learn about us?

- Website
- Phonebook AD
- Signage
- Picked-up our business card
- Referral (who): _____

Is your dog spayed / neutered? If they are 6 months or older **(REQUIRED)** _____

If adopted, do you have any knowledge of your dogs past history? _____

Are there other animals in your household? YES NO

Does your dog prefer males or females to socialize with? (Human or Dog) _____

HEALTH / GROOMING:

What, if any restrictions need to be placed on your dog's activities or movements?

Does your dog have any allergies or special needs? _____

When / where was the last time your dog was around other dogs? _____

Does your dog like to be brushed? YES NO

Does your dog have any sensitive areas on his/her body? _____

Where is your dog's favorite petting spots? _____

BEHAVIOR:

Does your dog act afraid of any specific items, noises or people? If so, please explain: _____

How does your dog react to strangers coming into your home or yard? _____

Are there any kinds of dogs your dog automatically fears or dislikes? _____

How does your dog react to puppies/children? _____

When you are not at home; is you're dog crated? Left in yard? Left in the Home? Other:

Has your dog ever ...

- Bitten a human or another dog? YES NO

Describe the circumstances: _____

- Shared food and/or objects with other dogs? YES NO

- Growled or snapped at anyone taking food or toys away? YES NO

If yes, please explain: _____

Does your dog have any PROBLEMS in any of the following areas: (if so, please explain?)

Housetraining: _____

Barking: _____

Digging: _____

Jumping/Climbing Fence: _____

How does your dog react when strangers approach the home or yard or out in Public?

Does your dog play off leash with other dogs? (Briefly describe):

BEHAVIOR (continued):

What's your dog's training history?

Circle one:

"No Training"

"Trained Yourself"

"Puppy Kindergarten"

"Group Basic Class"

"Group Advance Class"

"Private training session"

Obedience titles and/or awards: _____

Agility Other - Please explain: _____

I give my consent for Animal Magnetism Pet Services to socialize my dog(s) with other dogs at their facility.

Date: _____

Owner's Signature: _____



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Health & Temperament Certification

I, _____, hereby certify that my dog(s)
_____ are in good health and have
not been ill with any communicable condition in the last 30 days.

I further certify that my dog(s) have not harmed or shown aggressive/threatening behavior
towards any person or any other dog.

MEDICAL INFORMATION: (MUST BE COMPLETED PRIOR TO SERVICES)

* Bordatella expiration: _____

DHLPP expiration: _____

Rabies expiration: _____

Date: _____

Owner's Signature: _____

- **Bordatella required every six months (ALL Vaccinations required before interview)**



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Medication Release

I do not hold Animal Magnetism Pet Services or any representative of Animal Magnetism Pet Services responsible regarding the administering of medication, (of any kind) to my dog while visiting Animal Magnetism Pet Services for Daycare or Boarding.

I understand that the representatives of Animal Magnetism Pet Services will do their very best to follow the prescribed dosages of medication in a timely manner, however, if there are any consequences associated with the medication or illness, Animal Magnetism Pet Services will not be held responsible. We do not administer injections.

Date: _____

Owner's Signature: _____

Name/Breed of Dog Receiving Medication: _____

Medication Name: _____

*Any Side Effects of Medication: _____

Condition Being Treated: _____

Dosage: _____

Special Instructions for Administering Medication: _____

- **Examples: nausea, vomiting, drowsiness, hyper-activity, decreased appetite, etc**



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Owner Agreement

I understand that I am solely responsible for any harm caused by my dog(s) while dog(s) is/are attending Animal Magnetism Pet Services.

I understand and agree that in admitting my dog(s) to Animal Magnetism Pet Services, Animal Magnetism Pet Services representatives have relied on my representation that my dog(s) is/are in good health and have not harmed or shown aggressive or threatening behavior towards any person or any other dog.

I understand and agree that Animal Magnetism Pet Services and all of its representatives will not be liable for any problems which develop, provided reasonable care and precautions are followed.

I hereby release them of any liability of any kind whatsoever arising from my dog(s) attendance and participation at Animal Magnetism Pet Services.

I further understand and agree that any problems which develop with my dog(s) will be treated as deemed best by staff and volunteers of Animal Magnetism Pet Services at their sole discretion, and that I assume full financial responsibility for any and all expenses involved.

Cancellation Policy: Our facility has limited space for Doggie Daycare/Boarding and is frequently at 100% occupancy. Even when we are not fully booked, cancellations affect our daily business. Due to loss of revenue as a result of no-shows, untimely cancellations, schedule changes, we have implemented a cancellation policy.

There is a cancellation fee of \$35.00 per dog if we are not notified within 48-hours prior to check-in date/time. Therefore, we will have ample time to contact our waiting list and book a reservation.

For Holiday reservations: Cancellations or changes must occur at least 7-days prior to check-in date/time. Otherwise, you will be charged 50% of your dog's stay.

If a cancellation is due to a local weather warning and/or snow emergency, the cancellation fee maybe waived at the discretion of Animal Magnetism Pet Services.

I have read and understand the Cancellation Policy of Animal Magnetism Pet Services as set forth on this page and the other policies on the preceding pages. I have read and understand the conditions and statements of this agreement.

Date: _____

Owner's Signature: _____

Name(s) of dog(s): _____