

ANNUAL DAYCARE AGREEMENT



Pet's Name: _____

Breed: _____ Color: _____

Gender: M F Altered? Y N Age: _____

Owner's Name(s): _____

Primary Phone Number _____

Email: _____

Emergency Contact's Number(s): _____

PRIMARY VETERINARIAN INFO:

Clinic: _____

Address: _____

Phone Number: _____

Primary Vet's Name: _____

Is your pet on Heartworm Prevention? Yes No

Flea/Tick Prevention? Yes No

Is your pet microchipped? Yes No

Is your pet taking any medications/ supplements? Yes No

Medication Name: _____ Strength: _____

Medication Name: _____ Strength: _____

Does your pet have any allergies/ drug sensitivities? Yes No Unknown

Allergic to: _____

Please list all food, environmental, seasonal, and/or drug allergies

Please list ANY and ALL significant medical conditions your pet has been diagnosed with:

NOTE: this can include but is not limited to: diabetes, seizures, Addison's, Cushing's, arthritis, tumors, etc.

Can your pet be given treats while here for daycare? Yes No Please use mine Limited

Notes about physical condition, special accommodations & temperament: _____

My boarding treatment plan states: _____

And is good until: _____

Are you a full time or part time AZ resident?

This agreement is effective for one year from the date signed.

Please remember to schedule daycare reservations

SIGNED _____

DATE _____

BOARDING DEPT. MEMBER _____

DATE _____