

# GUARDIAN 1 INFORMATION

I am looking for:

Full name

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Address

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City, state,zip

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Home phone

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Cell Phone

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Work phone

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Email

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Second guardian?

YES

NO

Person to call in case of emergency,

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Phone

---

2nd person

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Phone

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If we are unable to reach any of the above contacts, and if we deem it necessary, do we have your permission to bring your dog to a veterinarian?

Yes

No

dog to a veterinarian

\*

Name

---

Address

---

City,State,Zip

---

Phone number

---

Phone number

**Dogs name**

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**Breed**

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**Gender**

Male  
Female

**Date of birth**

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**Approximate weight**

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**Color**

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**Is your dog spayed or neutered?**

Yes  
No  
will be done

**At what age were they, or will they be, spayed or neutered?**

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**Does your dog jump 5 foot fences?**

Yes  
No

**Does your dog get along with other dogs?**

Yes  
No

**Does your dog have any allergies?**

Yes  
No

**Do you object to us giving your dog snacks or treats?**

Yes  
No

**Please explain any allergies.**

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**Are there any restrictions that need to be placed on activities or movements?**

Yes  
No

**Any other special instructions?**

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**Second dog?**

YES  
NO

Second dog?

YES

NO

**Boarding pick up and drop off's for weekends and holidays is 8-9 AM and 4-5 PM**

**What day would you like to start?**

Month

Day

Year

**When do you plan on dropping off your pet?**

Day

Year

Hour

Minute  
s

**When do you plan on picking up your pet?**

Month

Day

Year

Hour

Minute  
s

**How did you hear about us?**

**Other, please specify**

\_\_\_\_\_

**If referred by a friend, who? They get a free day!**

\_\_\_\_\_

Other, please specify

\_\_\_\_\_

If referred by a friend, who? They get a free day!

\_\_\_\_\_

I certify that I have read and understand the rules and regulations set forth and that I have read and understand this agreement. I agree to abide by the rules and regulations and accept all the terms, conditions and statements of this agreement.

We require that your dog be vaccinated against the following: Rabies, DHPPCV/DHLPPCV and Bordetellosis (Kennel cough) WE WILL NEED A COPY OF CURRENT VACCINATION CARDS/CERTIFICATES. Before submitting the application please read the terms and conditions of the application as outlined below. This application will only be valid if you check that you agree to the terms and conditions. If you do not check that you agree, your application will be exempted and discarded. AGREEMENT I understand that I am solely responsible for any harm caused by my dog(s) while my dog(s) is/are attending Romp and Roll INC DBA Playful Pack Dog Daycare. I agree to indemnify, defend and hold harmless, Romp and Roll Dog Daycare, Romp and Roll, INC., its employees and officers from any and all claims, damages or causes of action arising from my dogs attendance and participation at Romp and Roll Dog Daycare INC, DBA Playful Pack. I further understand and agree that, in admitting my dog(s) to Romp and Roll Dog Daycare, Romp and Roll, INC, Romp and Roll Dog Daycare, INC, DBA Playful Pack, its employees and officers, have relied on my representation that my dog(s) is/are in good health and has/have not harmed or shown aggressive or threatening behavior toward any person or any other dog. I also understand and agree that the officers, staff and/or volunteers will not be held liable for any problems that develop, including, but not limited to, injuries, illnesses and fleas. I hereby release them from any liability of any kind whatsoever resulting from my dog's attendance and participation at the Romp and Roll Dog Daycare, Romp and Roll INC, DBA

I AGREE

I DO NOT AGREE

