

Are you interested in your dog(s) attending All Pets Dog Day Care YES NO

Dog's Name _____

Full Day Half Day Dates attending: _____

****You must complete an) # Application, and your pet must be spayed/neutered, up to date on vaccinations and pass a temperament evaluation in order to be considered for Day Care.***

____ I give consent for All Pets Hospital to give medical treatment necessary for my pet's health and well being during their stay. All treatment will be at the owner's expense.

____ I do **NOT** give consent for All Pets Hospital to treat my pets during their stay. I understand that I assume all responsibility for this decision.

I understand that there are inherent risks associated with boarding my pet(s) such as, but not limited to, illness or injury. I accept these risks, and agree that All Pets Hospital, LTD will not be held responsible for any unforeseen circumstance. I waive all claims or actions against All Pets Hospital, LTD relating to the care, control, health and/or safety of my pet(s) while in their care.

Emergency Info: Home phone _____

Cell Phone _____

Owner's Signature

Date

APH initial _____

Technician Check in Questions

Pet's Name

Owner's Name

Feeding

- Type of food: own (brand) _____ kennel

- How much to feed _____ Times per Day _____ AM PM

- Was the pet fed today? YES NO

- Any behavioral problems?

- Any medical problems? (Hx of seizures, incontinence, arthritis, etc.)

Technician exam done _____ (initial) Date _____

Please note any issues found on exam:

