



UNLEASHED

indoor dog parks

Daycare/Boarding Customer Information

Approved Entrance By: _____

Vaccines Approved By: _____

Entered In Computer By: _____

About You

Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Home Number _____ Cell _____ Email _____

How did you hear about us? _____

Your Veterinarian

Veterinarian Hospital & Dr. Name _____

Phone _____ City _____

Emergency Contact

In the event you cannot be reached in an emergency, who would you like us to contact?

Name _____ phone _____ Name _____ phone _____

Release your dog(s) to the following people with proper I.D. _____

By checking here, you may verbally (by telephone) or in writing (by facsimile or otherwise) request that Unleashed IDP release your dog(s) to someone other than the person listed above, and you release Unleashed IDP from any and all responsibility for releasing your dog(s) to any person Unleashed IDP believes to be authorized by yourself.

About Your Dog(s)

1) Dog's name _____ Breed _____ Sex _____ Spayed / Neutered _____

Color or Markings _____ Date of birth _____ Weight _____

2) Dog's name _____ Breed _____ Sex _____ Spayed / Neutered _____

Color or Markings _____ Date of birth _____ Weight _____

3) Dog's name _____ Breed _____ Sex _____ Spayed / Neutered _____

Color or Markings _____ Date of birth _____ Weight _____

Dog's Name: _____

Owner's Name: _____

Health

What is the main reason you have chosen daycare for your dog?

What is your dog's general health?

Please check all that applies to your dog:

- Has seizures. If yes, how often and when do they occur? _____
- Tattoo or Microchip Spayed/Neutered
- Has allergies. If yes, please list _____
- Flea prevention
If yes, what brand and when was it last applied? _____

Please list the dates of the last vaccinations. *Note: We require proof of these vaccinations from your vet.*

Rabies _____ DHLP _____

Parvo _____ Bordetella _____

Temperament

How long have you owned your dog? _____ Where did you get your dog? _____

Please check all that apply to your dog:

- Separation anxiety
- Fears or apprehensions (examples: firecrackers, big dogs, people, thunder, etc)
Please list if yes. _____
- Has ever been attacked by another dog, or been abused
If yes, please explain _____
- Climbs fences
- Runs away if off leash
- Aggressive with food bowl / toy when trying to remove it
- Aggressive with other dog / animals
- Aggressive with a person or has growled at a person
If yes, describe incident _____
- Socializes with other dogs
If yes, how often? _____
- Been to a Doggie Daycare before
If yes, how did your dog enjoy it? _____
- Has negative interactions with other dogs or automatically dislikes a breed?
If yes, explain. _____
- Sensitive body parts
If yes, where? _____
- Disabilities
If yes, please describe. _____
- Training of any kind
If yes, please list. _____

**Please complete pgs 2&3 individually for each pet

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Dog's Name: _____

Owner's Name: _____

Veterinary Care Protection Program

FEE PER PET: \$1.50 per day of daycare/boarding or per grooming service (excludes individual ala carte services); After the initial authorization of this agreement by signing below, payment of the said fee at future visits implies authorization of the agreement for those visits as well.

EXPIRATION DATE: Two days after pet is picked up from daycare, grooming or boarding service

MAXIMUM COVERAGE: \$300

IN CONSIDERATION FOR THE PAYMENT OF THE PROTECTION PROGRAM FEE, AND SUBJECT TO THE EXCEPTIONS, CONDITIONS AND LIMITATIONS LISTED BELOW, UNLEASHED INDOOR DOG PARKS WILL REIMBURSE CUSTOMER FOR ANY VETERINARY CARE PROVIDED BY A LICENSED VETERINARIAN FROM OUR LIST OF PROVIDERS FOR THE CARE OR TREATMENT OF THE DAYCARE/BOARDING/ GROOMING PET LISTED ABOVE FOR ANY INJURY OF THE PET INCURRED WHILE THE PET IS UNDER THE CARE OF UNLEASHED IDP, UP TO THE MAXIMUM LISTED ABOVE.

AGREED AND ACCEPTED: _____
(Pet Owner)

AUTHORIZED BY: _____
(Unleashed IDP Representative)

The Unleashed Veterinary Care Protection Program offers you - our valued customer - peace of mind. You can be assured your pet will receive timely, professional veterinary care, should the need arise, at no additionally veterinary cost to you, up to the maximum listed above.

Please be advised that not all pets are eligible for this program. Because of the effects of age upon animal health, this plan is not offered to geriatric pets, i.e. dogs over 7 years of age (and small dogs over 12 years of age).

As with most protection programs, there are exceptions to this coverage. The program does not cover:

- *Pre-existing health conditions*
- *Injury, illness, death when pets in daycare/boarding together at the owner's request take action against one another*
- *Kennel cough, because of its prevalence amongst animals that congregate, its 7-14 day incubation period and its airborne transmission*
- *Injury, illness, death resulting from whelping or pregnancy*