CANINE COMFORT

DOG DAYCARE & BOARDING, LLC

Registration Form

DOG'S INFORMATION:

Name:			
DOB:		Age:	
Breed:			
Sex:	M / F / Spay/Neuter Procedure Date:		
Known Allergies or Health Conditions:			

VACCINATION DUE DATES: (Please Attach Copy of Vaccination Certificate)

DHPP/DAPP:		
Rabies:		
Bordetella:		
K9 Influenza: (Optional)		
Flea Program:	Date Dewormed:	
<u>Veterinarian:</u>	<u>Vet Phone #:</u>	

PRIMARY CONTACT INFO:

SECONDARY CONTACT INFO:

Name:	Name
Home	Relatio
Address:	Cell #
Home #:	Work
Cell #:	Email
Work #:	
Email:	

Name:	
Relation:	
Cell #:	
Work #:	
Email:	

On occasion, we send out important notices and reminders to our clients via email. Your email address remains private.

LOCAL EMERGENCY CONTACT(s): One Required In Addition To Above Contact(s)

Name:	Relation:	Phone:

In the event your pet bites or injures another pet or person, or in the event you and/ A or your dog are injured while at Canine Comfort Dog Daycare & Boarding LLC ("Canine Comfort"), you agree to assume all legal and financial responsibilities, and to defend, indemnify, and hold harmless Canine Comfort and its employees from and against any and all claims, liabilities, losses, demands, and court costs (including reasonable attorneys' fees) arising from any property damage or injury to or death of any dogs or persons occurring at or arising out of our services at Canine Comfort. On behalf of myself and any and all other owners of this pet, I agree to these terms.

Sign:	Date:	
B Should I not be able to be co	ontacted; I,, g	give consent
to Canine Comfort to seek vetering if in their opinion it is deemed not by me upon my return.	nary attention for my dog,	, shall be paid
Sign:	Date:	
C I, employees to use publicly,	, give consent to Canine Comfort an , photos and videos taken of my dog(s).	d their
Sign:	Date:	

, confirm that I have reviewed and understand 1,____ D the Canine Comfort Policy Document (on our Website in the Client's Lounge), and realize it will be regularly updated.

Sign: _____ Date: _____