



APPLICATION

206•938•DOGS

www.wsdoghousedaycare.com

Owner Information:

Name: _____
Address: _____
Email: _____

Phone (home): _____
Phone (work/day): _____
Phone (cell): _____

Emergency Contact:

Name: _____

Phone: _____

Regular Vet Hospital:

Name: _____

Phone: _____

Dog Information:

Name: _____ Age: _____ Weight: _____ Sex: _____ Breed: _____
2nd Dog: _____ Age: _____ Weight: _____ Sex: _____ Breed: _____

Please check appropriate boxes:

Vaccinations: Rabies _____ DHLPP _____ Bordatella _____ Fecal Exam _____
Neutered/Spayed: Yes _____ No _____
Flea Control Program: Yes _____ No _____
If Yes, please describe: _____

Please list any behavior problems: _____

Please list your dogs favorite toys/activities: _____

Please list any current/recent illnesses, allergies, or current medications (within last 30 days):

During Daycare, dogs may be taken on field trips for walks & to off-leash parks.

Please check: Yes, I give permission for my dog to be taken on field trips.
No, I would prefer my dog remain at WSDH facility at all times
(with the exception of medical care).

Do you mind if your dog enjoys occasional treats in Daycare? _____

How did you discover West Seattle Dog House Daycare, LLC? _____

Pet Owner Signature: _____ Date: _____



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HEALTH / TEMPERAMENT CERTIFICATION & AGREEMENT

Please complete & return with application

I, _____, hereby certify that my
(please print name)
dog(s) _____ is/are in good health and have not been ill with a
communicable condition within the last 30 days.

I agree to notify WS Dog House Daycare if my dog(s) has/have a communicable condition and will not bring him/her to the facility if I am aware of symptoms.

I understand that my dog must be current on all required vaccinations prior to attending WS Dog House Daycare and their staff will not be liable for any problems that develop provided that reasonable care and precautions are followed and I hereby release them of any liability of any kind arising from my dog(s) attendance at the facility.

In case of an emergency, I authorize WS Dog House Daycare to act on my behalf to provide necessary veterinary care and I assume full financial responsibility for any and all expenses incurred.

WS Dog House Daycare reserves the right to refuse or terminate admittance of my dog(s) at any time if problems arise from the dog(s) attendance.

I further certify that my dog(s) has/have not harmed or shown aggressive or threatening behavior towards any person or dog.

I certify that I have read and understand the rules and regulations set forth in the agreement. I agree to abide by these rules and regulations and accept all the terms, conditions and statements of this agreement. I also certify that the information given on the application is correct and true to the best of my knowledge.

Pet Owner Signature _____ Date _____

