



## Tiny Dog Daycare and Overnight Boarding – Application Packet

### Owner Information

Date: \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip code \_\_\_\_\_

Home phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Cell phone #2 \_\_\_\_\_ Email \_\_\_\_\_

Other people who can pick up your pet and medical emergency decisions in your absence.

Emergency Contact name: \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone 2 \_\_\_\_\_

Emergency Contact name: \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone 2 \_\_\_\_\_

### Pet Information

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Breed \_\_\_\_\_

Color \_\_\_\_\_ Weight \_\_\_\_\_

Please circle: Male  Female  Neutered  Spayed 

### Veterinarian Information

Clinic \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

### Dog Story

Is your dog trained to go outside or on wee-wee pads? \_\_\_\_\_

Anything else we should know? Medical conditions, Medications, Allergies Personality traits etc... \_\_\_\_\_

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## Tiny Dog Daycare and Overnight Boarding – Agreement and Release

*We are committed to providing a safe and fun environment for your dog.*

*We promise to love and treat your pet responsibly as if it were our own but please be aware that accidents do happen.*

In return, we ask that you agree to the following terms and conditions.

1. I agree to assume full responsibility and financial reimbursement for any and all damages, losses, and or injuries that are caused by my dog or to my dog while in your care.
2. I agree and understand that you cannot be held responsible for any related costs of veterinary expenses or for the loss or death of my pet.
3. I verify that my dog is healthy, has the required vaccinations on file, is free of sickness or disease and has not harmed or shown aggression towards people or other dogs.
4. I agree to arrange or have arranged my dog picked up or moved to a kennel or veterinary facility if a contagious illness is suspected or my dog shows aggressive tendencies, as well as pay for any and all related costs.
5. In the event of an emergency, if I cannot be reached by phone, I agree to allow you or my listed emergency contact to transport my pet to Atlantic Coast Veterinary Clinic 3250 Veterans Highway Bohemia NY 631-285-7781 as well as make any and all emergency medical decisions for my pet.
6. I also agree to pay for all expenses for any veterinary services or onsite services that result from any incident.
7. Photos of my dog can be used in promotional materials, on-line, and for marketing and advertisement purposes.

I certify that I have read and understand this Agreement and Release. I agree to accept all the terms, conditions, and statements of this agreement.

This agreement is valid starting on the date below whenever you care for my pet.

Today's Date: \_\_\_\_\_

Signature of Owner: \_\_\_\_\_

Printed Name: \_\_\_\_\_