

ANNUAL DAYCARE AGREEMENT



Pet's Name: _____

Breed: _____ Color: _____

Gender: M F Altered? Y N Age: _____

Owner's Name(s): _____

Primary Phone Number _____

Email: _____

Emergency Contact's Number(s): _____

PRIMARY VETERINARIAN INFO:

Clinic: _____

Address: _____

Phone Number: _____

Primary Vet's Name: _____

Is your pet on Heartworm Prevention? ☐ Yes ☐ No

Flea/Tick Prevention? ☐ Yes ☐ No

Is your pet microchipped? ☐ Yes ☐ No

Is your pet taking any medications/ supplements? ☐ Yes ☐ No

Medication Name: _____ Strength: _____

Medication Name: _____ Strength: _____

Does your pet have any allergies/ drug sensitivities? ☐ Yes ☐ No ☐ Unknown

Allergic to: _____

Please list all food, environmental, seasonal, and/or drug allergies

Please list ANY and ALL significant medical conditions your pet has been diagnosed with:

NOTE: this can include but is not limited to: diabetes, seizures, Addison's, Cushing's, arthritis, tumors, etc.

Can your pet be given treats while here for daycare? ☐ Yes ☐ No ☐ Please use mine ☐ Limited

Notes about physical condition, special accommodations & temperament: _____

My boarding treatment plan states: _____ And is good until: _____

This agreement is effective for one year from the date signed.

SIGNED _____

DATE _____

BOARDING DEPT. MEMBER _____

DATE _____