

Daycare  
Application

**Pabby's Pet  
Care, LLC.**

<u>Owner Information:</u>	
Name:	
Home Address:	
City, State, Zip:	
Home Phone #:	
Cell Phone #:	
Work Phone #:	
Employer:	
Employer Address:	
Email Address:	

<u>Dog Information:</u>			
Dog #1 Name:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Breed:	Age:		
Birthday:	Color:		
Spayed or Neutered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Weight:
Micro Chip #:	License #:		
Dog #2 Name:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Breed:	Age:		
Birthday:	Color:		
Spayed or Neutered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Weight:
Micro Chip #:	License #:		

How did you hear about us? (We like to reward referrals!)

<u>Pick Up/Emergency Contacts:</u>	
If we need to contact you during the day, what is your preferred method?	
Circle preference:	Work #                      Cell #                      Email
Who is authorized to pick up your dog(s)?	
1. Name :	Phone #:
2. Name:	Phone #:
Emergency Non-Owner Contact Information:	
Name:	Phone #

<u>Veterinarian Information:</u>
Practice/Doctor's Name:
Phone Number:

Have you used a kennel in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, which kennel?
Have you used a pet sitter in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, which pet sitting service?

<a href="http://www.pabbyspetpantry.com">http://www.pabbyspetpantry.com</a>
Vaccinations (Attach or fax to (215) 997-9147)
<u>Required Vaccinations:</u>
Rabies
DHPPV
Bordetella
<u>Recommended Vaccinations:</u>
Leptospirosis-Corona
<u>Please attach Vet Records or Fax to (215) 997-9147</u>

1.\*I understand that I am responsible for any harm caused by my dog while my dog is attending Pabby's Pet Care, LLC. Dog Daycare. I shall indemnify Pabby's Pet Care, LLC against any claims made against the corporation or losses or damages of any kind suffered by Pabby's Pet Care, LLC as a result of my failure to inform Pabby's Pet Care, LLC. of any pre-existing condition the dog may have (such as illness or aggression problems.) I understand and agree that in admitting my dog to Pabby's Pet Care, LLC., the facility has relied on my representation that my dog is in good health and has not harmed or shown aggressive or threatening behavior towards any person or any other dog.

2.\*I understand and agree that Pabby's Pet Care, LLC. will not be liable for problems, damage, or injury caused by my dog provided reasonable care and precautions are followed by day care staff. I understand that Pabby's Pet Care, LLC. is fully insured. I release Pabby's Pet Care, LLC. of any liability arising from my dog's attendance and participation at the daycare. I understand that the day care is a place where animals co-mingle in groups. I understand my animal may be placed in a crate for "time outs" not to exceed twenty minutes or if injured. In extreme cases dogs may be placed in a gentle leader or muzzled for their protection or the protection of others or for excessive barking. I understand that when dogs play in group's nicks and scratches may occur. If the injury is not serious, staff will make a judgment call and feel it is ok to leave the dog until the end of the day and let me know about it when I pick up. If the injury is serious I will be notified immediately.

3.\*I understand and agree that any problem or injury that develops with my dog will be treated as deemed best by Pabby's Pet Care, LLC. Ark Animal Hospital or Circle of Life veterinarian will be contacted if I am unavailable in the event of a medical problem that is serious in nature.

4. \*I understand that if my dog is left at the day care for a period of one day without contact from the owner this dog will be considered abandoned and necessary steps will be taken to turn the animal over to the proper authorities.

5. \*I recognize that there are inherent risks of illness or injury when dealing with animals. Such risks include, but are not limited to, problems resulting from **rough play** and **kennel cough** (doggie colds).

6. \*I, as the owner, agree to be solely responsible for any and all acts or behavior of my pet while in the care of Pabby's Pet Care, LLC. If my pet should become ill or seem to be in need of medical consideration, Pabby's Pet Care, LLC. reserves the right to administer aid and/or to use any available veterinarian. I, the owner, shall pay any expenses so incurred.

Owner's Signature: \_\_\_\_\_

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

Pabby's Pet Care, 319 W. County Line Road, Hatboro, PA 19040, (215) 674-3917

Pabby's Pet Resort, 101 Stewart Lane, Chalfont, PA 18914, (215) 997-7888