



POMONA PET SERVICES APPLICATION

Rev 4/19/17

PLEASE BRING PROOF OF VACCINATION UPON ARRIVAL *

Keep in mind we only accept dogs that:
-are no aggression towards other dogs and humans
-are spayed/neutered (We only accept unaltered dogs if under 10mos or under 12mos for giant breeds.)
-are on a flea preventative
-are current on their vaccinations: Bordetella, Distemper, Parvo, Rabies

Owner Name(s)
Address
Phone #
Email
Emergency Contact Name
Emergency Phone #
How did you hear about us? [] Google [] Friend [] Yellowpages.com [] Other

Dog's Name Sex M / F Housebroken? Y / N
Nickname Birthdate (estimate if unsure)
Color Breed Weight
Brand of Flea/Tick Preventative

Does your dog have any medical conditions? Y / N
If yes, describe allergies, seizures, or other medical problems of which we should be aware.

List all medications (allopathic or homeopathic) your dog is currently taking and their purpose:

Table with 2 columns for medication details. Each column contains fields for Med, For, Dose, [] Daily, and [] Every.

Please list any lump, bump, scar, hotspot, and/or cut on your dog's body.

When and how did your dog start living with you? (Please provide any relevant background information, such as history of abuse or lack of socialization before entering into your care.)



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Describe dog's normal socialization with people and with dogs (i.e. goes to dog park once a week; always alone at home; behavior on walks, etc.).

Has your dog ever been to a daycare or boarding facility before? How did they do?

Your dog... Is very high energy?(Extremely active) Loves dogs
(check all that Is mid-level energy (moderately active) Likes dogs
apply): Is low energy (likes to lounge a lot) Doesn't care about other dogs

Describe your dog's favorite activity:

Describe any past or current behavioral issues your dog has displayed, when issues occurred, and what has been done to remedy them. (Include incidents of biting, nipping or growling at any dog or person.)

Are there any places your dog does not like to be touched, during grooming or otherwise?

What commands does your dog understand (i.e Sit, stay, down, off, ...)?

What types of training, formal or informal, has your dog experienced?

Dog Food Brand/type Wet
Dry

Amount at each feeding _____ AM _____ Cup(s) dry and/or _____ Cup(s) wet
_____ PM _____ Cup(s) dry and/or _____ Cup(s) wet

Dog Treats We like to treat our dogs when going into kennels to foster a positive association. If your dog has a sensitive stomach or allergies, please provide treats/toys we may use for reward.) Brand/Type _____
Amount _____
Time/Frequency _____

Can your dog be fed together with a sibling if they are attending simultaneously? **Y / N**

Often, dogs away from home are reluctant to eat; what can we add to a meal to encourage them to eat?

Is your dog particularly sensitive to hot or cold weather? **Y / N**

If yes, what measures do you take to make them more comfortable?

Where does your dog usually sleep? (Your bed, kennel, etc.) _____

Is your dog allowed to get on the couch, or can he/she do so here? **Y / N**

Is your dog scared of any type of human/dog/event (i.e tall men, thunder, grooming, etc.)

What are the main reasons you are bringing your dog to Pomona Pet Services, and what do you hope your dog will get out of the experience?



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Client Release

I understand that, despite Pomona Pet Services' efforts to maintain the safety of every dog and human at Pomona Pet Services' facility, there are risks involved in doggie day care. These risks include (but are not limited to) injury, altercation with another dog, contracting fleas, kennel cough or other communicable illness. I voluntarily accept these risks, and release Pomona Pet Services and its employees, independent contractors, owners and assignees from any and all claims arising out of injury or damage in any way related to or resulting from my association with Pomona Pet Services, including but not limited to claims of injuries to my dog, myself or anyone I send to pick up or drop off my dog, or to any property that belongs to me. I understand and agree that dogs are unpredictable animals, and if my dog becomes injured while at Pomona Pet Services I will be responsible for my dog's veterinary bills and any other costs incurred due to the injury. I agree to reimburse Pomona Pet Services for any such veterinary and or damage costs to property, person or dog at the time of my return or within 30 days, whichever is sooner. I understand and agree that this release applies to future unknown or unsuspected claims.

I further understand that, though Pomona Pet Services will attempt in an emergency to contact my dog's personal veterinarian as well as myself, such an emergency might not provide the time to do so prior to the administration of care. I therefore hereby allow Pomona Pet Services to attain medical attention for my dog from any qualified veterinarian and to transport my dog to and from that veterinarian when Pomona Pet Services deems such medical care important for my dog's health. I grant Pomona Pet Services or its employees or agents full power of decision involving the medical treatment of my dog, and will reimburse Pomona Pet Services within 30 days for such occurrence. This release applies to any claims for injuries or damages related to such medical care or transport.

_____ I DO want extreme life saving measures taken for my pet.
_____ I DO NOT want extreme life saving measures taken for my pet.

I understand and agree that if my dog damages property belonging to Pomona Pet Services that I shall be responsible for paying for that damage within 30 days. I further understand and agree that if my dog attacks and injures another dog (an altercation between dogs is one-sided and my dog is at fault), I will be responsible for paying for any damage caused to that dog within 30 days.

I represent that my dog is currently in good health and has not had any communicable illness of any kind for one week prior to attending Pomona Pet Services. I further represent that each time I bring my dog to Pomona Pet Services, I am re-certifying that my dog is in good health and has not had any communicable illness of any kind for one week prior to such attendance.

I represent that my dog is currently protected by a flea care preventative and my dog will be protected by this preventative throughout each and every day my dog attends Pomona Pet Services, each time I bring my dog to Pomona Pet Services.

I represent that my dog does not have a history of aggressive behavior towards other dogs or humans.

I grant Pomona Pet Services permission to take videos and photographs of my pet. I understand and agree I will not be paid or compensated for the use of these images in any way.

I warrant that I am at least eighteen (18) years of age and that I have the full, complete and unrestricted right and authority to enter into this release.

Print Name _____

Signature _____ Date _____