

WagMore Next Door
3865 Skippack Pike
Skippack, PA 19474
info@wagmorenextdoor.com
[610-584-6300](tel:610-584-6300)

Daycare Application

Please fill-out this form as completely as possible so we can get to know your dog. Upon completion you may fax to (610)584-9577, scan/email to info@wagmorenextdoor.com, or mail to the above address. Additionally, please send a copy of your dog's vaccines and dog license.

The following are the requirements for our daycare program:

- Distemper (DHPP) vaccine
- Bordetella (KCV) vaccine
- Leptospirosis vaccine*
- Canine Influenza vaccine*
- Rabies vaccine
- Spayed or neutered at 6 months of age
- Licensed

*If your pet has never had these vaccines before, there is an initial vaccine and a booster 2-3 weeks later. We require the series to be complete before scheduling a registration day.

If your dog meets all our requirements and you would like to set-up a registration day, please call us at (610)-584-6300 or email info@wagmorenextdoor.com. We look forward to meeting you and your pup!

Name:
Home Address:
City, State, Zip:
Home Phone:

Cell Phone:
Secondary Phone:
Email Address:
Employer:

Dog's Name:
Breed:
Birthdate:
Spayed/Neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No
Microchip Number

<input type="checkbox"/> Male <input type="checkbox"/> Female
Age:
Color:
Weight:
Dog License Number:

Veterinarian Name:
Phone:

Emergency Contact Name:
Phone:

How long have you owned the dog?

Where did you get the dog?

- Rescue/Shelter Pet store
 Breeder Friend Stray
 Other _____

If rescued, what do you know about your dog's previous history?

Has your dog ever been in daycare before? If yes, where?

Reason for enrolling your dog in daycare?

Expected number of days per week your dog will attend daycare?

Is your dog crate trained?

OTHER ANIMALS IN HOUSEHOLD (including cats)

BREED	AGE	MALE/FEMALE	SPAY/NEUTER

How does your dog get along with other household animals?

HEALTH/GROOMING

Does your dog take any medications? If yes, please list all medications and the reason for taking them:

Does your dog have any medication or food allergies? If yes, please list:

Does your dog have any physical disabilities? If yes, please explain and detail what restrictions need to be placed on your dog's activities:

What brand of food does your dog eat? How often?
Will your dog be eating any meals at daycare?

Does your dog have any sensitive areas on his/her body? If yes, please explain:

Does your dog like or dislike being brushed and or bathed?

BEHAVIOR/PERSONALITY

Behaviors

Please circle the words that describe your dog:

Jumps on People
Eats Poop
Barks Excessively
Separation Anxiety
Guards Food Bowl
People Aggressive
Digging

Eats Non-Food Items
Attacks Dogs when on
Leash
Growls at Strangers
Escape Artist
Guards House or Yard
Humps/Mounts

Food Possessive
Toy/Bone Possessive
Pees/Poops in the House
Jumps Fences
Destructive

Personality

Please circle the words that describe your dog:

Mellow	Demanding	Possessive
Shy	Well-Behaved	Jealous
Submissive	Hyper	Fearful
Playful	Aggressive	Anxious
Sweet	Alert	Pushy
High Energy	Happy	Protective
Dominant	Immature	Awesome
Unruly	Stubborn	Cuddler

Play Style

Please circle the words that describe your dog:

Has many dog friends	Likes off-leash parks	Loves to wrestle
Loves to chase	Herds other dogs	Plays fetch
Loves to be chased	Humps/Mounts	Guards Toys
Nippy	Afraid of big dogs	Shares toys
Barky	Likes people better than	
Gentle with small dogs	dogs	

What kind of games does your dog play with people?

Has your dog ever shared his/her food or toys with other animals?

If yes, how does your dog react to another dog approaching his/her food or toys?

Has your dog ever growled or snapped at anyone who has taken his/her food or toys away?

If yes, what were the circumstances and how did you respond?

If your dog jumps-up on people do you consider your dog's jumping an issue that needs to be addressed? If so, what words or actions do you use to correct this unwanted behavior?

Has your dog ever bitten a person or dog?
If yes, please describe the circumstances:

TRAINING

Has your dog had formal training?
If so, where and when?

Any training challenges?

Which commands does your dog know? (please check all that apply)

- Sit
- Stay
- Down
- Come
- Touch

- Heel
- Rollover
- Shake
- Other: _____

Does your dog have a command to go to the bathroom? If yes, what is the command?

Does your dog have a command to be quiet? If yes, what is the command?

Anything else you'd like us to know?

Owner Print

Owner Signature

Date

Activity Release of Liability
Read Carefully- This Affects Your Legal Rights

In exchange for the participation in the activity of **dog day camp activities organized by WagMoreNextDoor (“Skippack Animal Hospital- SAH)**, of 3865 Skippack Pike, Skippack PA 19474, and/or use of property, facilities and services of Skippack Animal Hospital, I agree for myself and (if applicable) for the members of my family, to the following.

1. I agree to observe and obey all posted rules and warnings, and further agree to follow any oral instructions or directions given by SAH, or the employees, representatives or agents of SAH.
2. I understand that there are certain inherent rules associated with the above described activity and I assume full responsibility for personal injury to my dog(s), **or dog(s) that my dog(s) have inflicted injuries upon**, and further release and discharge SAH for injury, loss or damage out of my or my family’s use of the facilities of SAH, whether caused by the fault of myself, my family, SAH or other third parties.
3. I agree to indemnify and defend SAH against all claims, causes of action, damages, judgments, costs or expenses, including attorney fees and other litigation costs, which may in any way arise from my dog’s use of or presence upon the facilities and services of SAH.
4. I agree to pay for all damages to the facilities of SAH and those employed and enrolled there caused by my dog’s negligent, reckless or willful actions.
5. I understand that in case of emergency or injury, SAH will try to reach me immediately. If medical attention is necessary, my dog(s) will be treated at the facility and I will be held financially liable for the fees incurred. If transport to another facility is necessary, I will be liable for all veterinary fees as well as a transportation fee.
6. Any legal or equitable claim that may arise from participation in the above shall be resolved under Pennsylvania law.

I have read this document and understand it. I further understand that by signing this release, I surrender my certain legal rights.

Dated: _____ **Dog’s Name:** _____

Signature: _____

Printed: _____

Address:
