

Los Alamos DogHouse PhD, LLC

www.doghousephd.com
doghousephd@doghousephd.com
127 East Gate Drive
505-709-0690
Dog Day Care

OWNER & VETERINARIAN CONTACT INFORMATION:

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|----------------------------|------------------|
| <i>Client Name:</i> | |
| <i>Cell#:</i> | |
| <i>Home#:</i> | <i>Work#:</i> |
| <i>Email:</i> | |
| <i>Address:</i> | |
| <i>Emergency / Family:</i> | |
| <i>Veterinarian:</i> | <i>Contact#:</i> |

****please provide vaccination records for RABIES, DISTEMPER, BORDETELLA****
****to play in daycare, dogs over 1 year of age need to be SPAYED OR NEUTERED****

PET PROFILE:

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|---------------------------|----------------|-----------------------|---------------------------|
| <i>First Pet's Name:</i> | | | |
| <i>Description:</i> | | | |
| <i>Age:</i> | <i>Weight:</i> | <i>Female or Male</i> | <i>Spayed or Neutered</i> |
| <i>Second Pet's Name:</i> | | | |
| <i>Description:</i> | | | |
| <i>Age:</i> | <i>Weight:</i> | <i>Female or Male</i> | <i>Spayed or Neutered</i> |
| <i>Third Pet's Name:</i> | | | |
| <i>Description:</i> | | | |
| <i>Age:</i> | <i>Weight:</i> | <i>Female or Male</i> | <i>Spayed or Neutered</i> |

SPECIAL INSTRUCTIONS:

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Liability Clause:

I certify that I am the owner of this pet. I hereby grant permission to Los Alamos DogHouse PhD (LADHPHD) to act in my behalf, and in my pet's best interest, by obtaining veterinary care at my expense, if deemed necessary. I further agree to pay for all veterinary and other necessary services incurred by and for my pet during its stay at LADHPHD. LADHPHD agrees to exercise all due and reasonable care to prevent injury or illness to my pet. However, in the event of illness or injury, the owners and staff members of LADHPHD shall not be held personally liable for such injury or illness. I hereby release LADHPHD and all employed staff members from any and all liability for loss or injury to my pet, my personal property or myself while my pet participates in daycare, overnight boarding, training class or while bathing my pet by staff or myself.

Signed: _____ Date: _____