Dog Name(s) Admin use only Entered by: QB: KC: SC: Do	SAt Play Windows Spark Spark Ggie Playcare & Crateless Boar ADDITION	rding		
	APPLICATION	V		
OWNER INFORMATION				
Name	Phone (C)	(H/W)		
Name	Phone (C)	(H/W)		
Address				
City	State	Zip Code		
Email				
Employer		Phone		
How did you hear about us	?			
EMERGENCY CONTACT (other than owners)				
Name	Ę	Phone		

Others Authorized for Pickup

Date	
Duie	

PET INFORMATION

DOG	<u>#1</u> Name	Breed	Sex		
Colo	·	Date of Birth	Altered: _Y _N		
DOG	#2 Name	Breed	Sex		
			Altered: _Y _N		
	VETERINARY INFORMATION				
Nam	e		Phone		
Addı	'ess				
DATE OF VACCINATIONS (documentation from Vet is required):					
DOG	#1 Rabies	DHLPPC	Influenza		
DOG	#2 Rabies	DHLPPC	Influenza		
HEA	LTH SUMMARY				
Current medications/medical conditions					
Is your dog on a flea control program? (if yes, which one?)					
Does your dog have any allergies (including food allergies)?					
Does your dog have any physical limitations?					

Dog Name(s)		Date
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SAT Play With Sparky
Doggie Playcare & Crateless Boarding

PLAYCARE/BOARDING AGREEMENT

- 1. I understand that I am solely responsible for any harm caused to/by my dog(s) while my dog(s) is/are attending At Play with Sparky Doggie Playcare and Grooming.
- 2. I understand that this is a playcare facility and therefore my dog(s) will be in contact with other dogs throughout his/her time at At Play with Sparky.
- 3. I understand 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, ingestion of foreign objects/food, and minor health problems (kennel cough dog colds).
- 4. I certify that my dog(s) has current vaccine records for Rabies, Distemper/Parvo & Canine Influenza. If you have chosen not to vaccinate for Canine Influenza & understand the risks of not vaccinating, initial here ______. (Ask for risks flyer.)
- 5. I understand and agree that in admitting my dog(s), At Play with Sparky has relied on my representation that my dog(s) is/are in good health and has/have not harmed or shown aggression or threatening behavior towards any person or any other dog.
- 6. I further understand and agree that At Play with Sparky and their staff will not be liable for any problems that develop provided reasonable care and precautions are followed, and I hereby release them of any liability of any kind whatsoever arising from my dog's attendance and participation at At Play with Sparky.
- 7. I understand that anything I leave with my dog (toys, bedding, collars, leashes, etc) may be damaged or lost due to unforeseen circumstances, including ingestion by your dog.
- 8. I understand and agree that any problem that develops with my dog(s) will be treated as deemed best by the staff of At Play with Sparky, in their sole discretion, and that I assume full financial responsibility for any and all expenses involved. I further authorize the management of At Play with Sparky to make medical decisions if I cannot be reached (including, but not limited to, sedation.) initial here ______
- 9. I understand that At Play with Sparky is providing a valuable service and I agree to pay in advance for all services rendered.
- 10. I understand that if my dog(s) is/are left at the daycare for a period of three days without contact from the owner the dog(s) will be considered abandoned and necessary steps will be taken to turn the animal over to the proper authorities.
- 11. I have read the attached rules and agree to abide by them while my dog(s) attend At Play with Sparky.

Owner's Signature	Date	
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