

**wee paws**  *playhouse*  
a small dog daycare

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work and/or Cell: \_\_\_\_\_

Dog's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_\_

Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Spay/Neuter Date: \_\_\_\_\_

Vaccination Date: Rabies \_\_\_\_\_ Dhlp: \_\_\_\_\_ Bordatella: \_\_\_\_\_

Veterinarian: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear of us? \_\_\_\_\_  
(Newspaper, Vet, radio, TV, friend, etc.)

**Doggie Profile:** (This information helps us understand your dog)

Medical Concerns or Medication we should be aware of: \_\_\_\_\_

Known Allergies: \_\_\_\_\_ Housetrained: \_\_\_\_\_

Crate Trained: \_\_\_\_\_ Food Brand: \_\_\_\_\_

Do you: Free Feed? \_\_\_\_\_ Schedule Feed? \_\_\_\_\_ If so, when? \_\_\_\_\_

Where does your dog sleep? Your bed \_\_\_\_\_ Crate \_\_\_\_\_ Dog bed \_\_\_\_\_

Separate Room \_\_\_\_\_

Where did you obtain your dog? \_\_\_\_\_  
(Rescue group, Breeder, Pet Store, Newspaper, Friend, etc.)

Have you attended a training class with your dog? \_\_\_\_\_

Describe your dogs' temperament: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional information you feel would be helpful: \_\_\_\_\_

\_\_\_\_\_

As the owner of the above referenced dog, I understand that **Wee Paws Playhouse**, it's employees and officers will exercise due care to protect the health and safety of my dog while in their care. In the event that my dog becomes ill or sustains an injury, I have given permission for those in charge to take whatever steps are necessary to obtain medical treatment for my dog and I agree to pay all charges incurred. I consent to the veterinarian of **Wee Paws Playhouse** choice and in the event of emergency, I consent to any veterinarian being retained to render care for my dog.

I understand that the concept of **Wee Paws Playhouse** is to provide a safe, healthy, loving environment for my dog and there is a chance of injury. I assume all risk of injury to my dog while at **Wee Paws Playhouse** or in transportation to any veterinarian clinic, so long as reasonable care is taken to prevent any unnecessary injury, death or loss. It is understood that if I am boarding my dog with **Wee Paws Playhouse**, all boarding is done at the home of the owner, my dog will be transported in a safe manner to/from the daycare facility during the hours of operation and all the above rules apply.

In the event that my dog causes injury to another dog or to any person while at **Wee Paws Playhouse**, I agree to indemnify and subjugate **Wee Paws Playhouse** from any action which may be brought against it, and for any defense, settlement or judgment entered against it. I will assume all liability for the actions of my dog and agree to maintain personal liability insurance to cover me in the event of such an accident.

I hereby waive and release **Wee Paws Playhouse**, its employees and officers from any and all liability of any nature for any injury, death or loss of my dog resulting from **Wee Paws Playhouse** actions or from the action of my dog or any other dog while in the custody of, or on the grounds or surrounding area of **Wee Paws Playhouse** or owner's home, not resulting from the negligence of **Wee Paws Playhouse**.

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Date

Owner Signature

If your computer will not submit this form using the submit button below please use the print button and mail your application to us at this address:

WeePawsPlayhouse  
5303 Louie Lane  
Reno Nevada 89511