



# The Dog Walker

**\*Small Dog Day Care \*Pet Sitting  
\*Dog Walking \*Pet Taxi**  
Licensed and Bonded Pet Care Professionals  
771 SW 120<sup>th</sup> Way Davie, FL 33325  
(954) 515-2126  
[arfarfinternational@gmail.com](mailto:arfarfinternational@gmail.com)  
[TheDogWalker.weebly.com](http://TheDogWalker.weebly.com)

## Small Dog Daycare Application

Date \_\_\_\_\_

### Tell Us About Yourself

Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

### How Did you Hear About The Dog Walker Small Dog Day Care?

Referral \_\_\_\_\_ Online \_\_\_\_\_ Google Ad \_\_\_\_\_ Other \_\_\_\_\_

### Tell Us About Your Pet

Name \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_  
Birth Date \_\_\_\_\_ Sex \_\_\_\_\_ Spayed/Neutered \_\_\_\_\_

How does your dog get along with other dogs? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How does your dog get along with people? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your dog ever bitten or been bitten? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your dog used any daycare/boarding facility before? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe what you liked / did not like about your dogs daycare/boarding experience?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Under what conditions does your dog bark, growl, or cry? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe your dog's likes (belly rubs, fetch, treats, scratch behind the ears?)

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Describe your dog's dislikes (loud noises, bikes, cars?)

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**Vet and Health Certification**

Vet Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Rabies License Number: \_\_\_\_\_

Please describe your dog's general health including any medical conditions: \_\_\_\_\_

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This form is to verify that your dog is current on required vaccinations and in good health. You must note any current or historic health conditions affecting your dog.

I do not know of any health reasons why my dog should not socialize with other dogs. I will immediately notify The Dog Walker if my dog has a communicable disease and agree to furnish a new health certification form before returning my dog to The Dog Walker. I agree to:

- 1. Maintain a monthly flea and tick program.
- 2. Notify The Dog Walker of any change in my dog's health condition.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Allergies (if any) \_\_\_\_\_

**Medication / Treatments**

Drug: \_\_\_\_\_ For: \_\_\_\_\_ Dosage: \_\_\_\_\_

Drug: \_\_\_\_\_ For: \_\_\_\_\_ Dosage: \_\_\_\_\_

**Feeding:** Food Brand: \_\_\_\_\_

Morning Amount: \_\_\_\_\_ Time: \_\_\_\_\_

Afternoon Amount: \_\_\_\_\_ Time: \_\_\_\_\_

Evening Amount: \_\_\_\_\_ Time: \_\_\_\_\_

**Emergency Contacts:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Dog Behavior and Health**

I understand that The Dog Walker reserves the right to refuse use of its facilities or membership for dogs who in its sole determination are unhealthy, act aggressively, undisciplined, or who evidence behavior that may be considered to be a danger to themselves, other animals or users. I have completed the Vet and Health Certification portion of this application truthfully. My dog must be spayed or neutered if older than 6 months and must remain current with Distemper, Parvo, Rabies, and Bordatella vaccination. The Dog Walker Small Doggie Day Care reserves the right to limit usage if I do not comply with any health or safety rules.

## **Injuries, Veterinary, and Emergency Care**

I acknowledge that dogs are encouraged to socialize and exercise and that injuries might reasonably be foreseen to occur while my dog is at The Dog Walker. I agree to assume all risks and hazards that might arise from my dog's interaction with other animals. I agree The Dog Walker shall not be responsible, monetarily or otherwise for injuries to my dog which may arise in the course of play or which may be caused by the presence or actions of other dogs. I shall hold The Dog Walker and its employees harmless from, make no claim against, and indemnify The Dog Walker and its employees against any costs, damages, claims, or expenses that may result from an injury to my dog or to another dog, if caused by my dog. I understand that The Dog Walker will contact me first, then my emergency contact if a situation arises. If The Dog Walker is unable to make contact, I understand that The Dog Walker has the right to make the necessary decision in emergency, medical, or other situations. If my dog should be injured or otherwise deemed by The Dog Walker to require immediate veterinary attention, The Dog Walker is authorized to consult with my veterinarian for treatment and/or guidance. If my veterinarian is unavailable, The Dog Walker is authorized to use the services of any other veterinarian. I understand and agree that I am responsible for any chargers with respect to any such veterinary care.

## **Marketing Material**

I agree to allow The Dog Walker to use my dog's picture in marketing and promotional material.

By signing below, I acknowledge that I have read and accept the terms and conditions stated above.

Owner \_\_\_\_\_ Date \_\_\_\_\_