

WAG-A-TAIL Doggie Daycare

#813C 51st Street East, Saskatoon, SK S7K 0X7

Hours: 7:00 am - 6:00 pm

Phone: 306-974-WOOF (9663)

Dog's Name: _____

Breed: _____ Age: _____

Gender: _____ Spayed or Neutered: _____

Allergies: _____

Owner's Name: _____

Address: _____ City: _____ PC: _____

Home Phone: _____ Cell: _____

Work Phone: _____ Email: _____

Veterinarian Name: _____

(Veterinarian records are required - listing all current medications)

Veterinarian Phone: _____

Emergency Contact: _____ Phone#: _____

(Must be willing to pick up your dog when you are unable)

Has your dog attended training classes? Yes ____ No ____

If Yes, what kind? _____

Is your dog one to interact with other dogs? Yes ____ No ____

Is your dog protective of toys, food or owners? Yes ____ No ____

Does your dog growl? Yes ____ No ____

If Yes, when? _____

Does your dog have sensitive parts of the body? Yes ____ No ____

If Yes, where? _____

Is your dog sensitive to actions, sounds, etc? Yes ____ No ____

If Yes, what? _____

Has your dog been exposed to rabies, distemper, etc in last 30 days: Yes ____ No ____

How did you hear about WAG-A-TAIL? _____

Please note that ALL dogs must have collars.

I confirm that all information is truthful and to be my knowledge. I accept full responsibility for any false information given. I accept full responsibility for my dog's action while at WAG-A-TAIL and agree that I will be responsible for injuries, damages or problems caused by my dog to any other dog or person.

I agree that while my dog is at WAG-A-TAIL, it will remain at my risk and I will at no time hold the Proprietor of WAG-A-TAIL or employees liable for any losses or damages which I may suffer as a result of my dog being in their care.

I understand that WAG-A-TAIL is a play facility and there is the possibility that my dog may incur bruising, scratches and minor injury due to rough housing with other dogs.

I acknowledge that there is the risk of my dog catching kennel cough from other dogs.

I agree that WAG-A-TAIL must be notified of my dog having any medical problems at which time it will be determined if the dog in question should attend the daycare.

If my dog should incur any injury while attending daycare at WAG-A-TAIL, I authorize the staff to treat accordingly or call a veterinarian if determined necessary. It is agreed that if above occurs, I will be notified immediately and accept full responsibility of any and all costs for treatment of the injury.

I acknowledge that at times reasonable discipline may be necessary for my dog if she/he is misbehaving.

Signature: _____ Date: _____

**Please note that Day Pass Packages expire 3 months from purchase date.
Wag-A-Tail and staff look forward to caring for your loved family member!**