



**Gulliver's**  
Doggie Daycare

**INTAKE SHEET**

Dog's Name (first) \_\_\_\_\_  
(last) \_\_\_\_\_

Breed \_\_\_\_\_ Birthday (Approx) \_\_\_\_\_ Sex \_\_\_\_\_ Neutered or Spayed? \_\_\_\_\_

Parent's Name(s) \_\_\_\_\_ Home Number \_\_\_\_\_

Cell Number \_\_\_\_\_ Work Number \_\_\_\_\_

**Billing Address**

\_\_\_\_\_  
Street Address City State Zip Code

Email Address \_\_\_\_\_  
\_\_\_\_\_

Please specify an emergency contact person (if you cannot be reached):

Name: \_\_\_\_\_

Number(s): \_\_\_\_\_

**Does your dog get all well with others?**

( ) Yes ( ) No

**Does your dog jump fences over 5 feet?**

( ) Yes ( ) No

**May we give your dog snacks?**

( ) Yes ( ) No

**Does your dog have any food allergies?**

( ) Yes ( ) No

If yes, please describe:

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**Does your dog take any medications?**

( ) Yes ( ) No

If yes, please describe:

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**Is there any additional information we should know**

**about your dog?** \_\_\_\_\_

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We are open 365 days a year from 6:30 AM to 6:30 PM Mondays to Fridays and 7:00 AM to 6:00 PM Saturdays and Sundays. Please initial that you know our hours and understand if you are not at Gulliver's Doggie Daycare by closing, your dog will spend the night. \_\_\_\_\_

As a condition of acceptance for Daycare and Boarding, the following agreement must be signed:

**Waiver and Agreement to Hold Harmless**

I understand that participation in Gulliver's Doggie Daycare is not without some risk. Despite all the dogs appearing healthy and being handled with the greatest amount of care and foresight, dogs are not always predictable and the unexpected can occur. I hereby waive and release "Gulliver's Doggie Daycare" from any and all claims while on the grounds or the surrounding area thereto, and resulting from participation in damage resulting from the action of any dog, including my own. I give Gulliver's Doggie Daycare permission to seek veterinary care if they deem it necessary for my dog(s) at my expense. However, I will not hold Gulliver's Doggie Daycare responsible if they do not seek veterinary care.

Signature \_\_\_\_\_

Date \_\_\_\_\_

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**Release of Vaccination Information From Your Veterinarian**

**(So we can obtain updates as needed)**

I give my permission for my dog's vaccination information to be released to Gulliver's Doggie Daycare.

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

\_\_\_\_\_  
Signature \_\_\_\_\_

Dog's Name \_\_\_\_\_