



GULLIVER'S INTAKE SHEET

Dog's Name (first) _____ (last) _____

Breed _____ Age (approx.) _____ Sex ____ Spayed/Neutered? Yes () No ()

Parent's Name(s) _____

Cell Number _____ Additional Cell Number _____

Home Number _____ Work Number _____

Billing Address _____

Email _____

Emergency contact: Name _____ Number _____

Does your dog get along 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 food allergies?

() Yes () No

If yes, please describe: _____

Does your dog have any medical problems? () Yes () No

If yes, please describe: _____

Does your dog take any medication?

() Yes () No

If yes, please describe: _____

How did you hear about us? _____

Any additional information we should know about your dog please write on back

We are open 365 days a year from 6:30 AM to 6:30 PM Mondays through 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.

Waiver and Agreement to Hold Harmless

This customer agreement is made between the Owner listed on the signature block below, and TAAB INC. DBA Gulliver's Doggie Daycare. Owner hereby agrees to and acknowledges the Gulliver's Doggie Daycare standard terms and conditions, which are available at doggiedaycare.com or hard copy at location, and incorporated herein by reference. The standard terms and conditions contain a release of legal rights. 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. This agreement covers all on and off site services provided by Gulliver's Doggie Daycare. 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 Gulliver's Doggie Daycare, including specifically, but without limitation, any injury or 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. I have read and I am aware that this agreement includes, among other things, a release and waiver of liability, an assumption of risk, and an agreement to indemnify the releases. I understand I have given up substantial rights by signing this agreement, and sign it freely and voluntarily without any inducement. Review carefully and understand before signing. By my signature I represent that I am at least eighteen years of age:

Signature

Date _____

Release of Vaccination Information from your Veterinarian

By executing below, Owner hereby certifies that his or her dog(s) is/are in good health: and have not been ill with any communicable diseases in the last 30 days, and that his or her dog(s) has/have current vaccinations for Rabies, DHPP/DA2P, Bordatella, and Canine Influenza. Owner gives authorization to Gulliver's Doggie Daycare to speak with Owner's veterinary and/or their staff to confirm their dog(s) vaccination status, date of surgical alteration, and medical history.

Vet Name: _____ Owner's Name: _____
Dog's Name: _____ Owner's Signature: