



YIPPEE! Doggy Daycare - Welcome Form

CLIENT INFORMATION

Date _____

First & Last Name _____ Spouse _____

Address _____ City & Zip _____

Contact Numbers: Home _____ Cell _____ OK to Text? Yes No

Work _____ E-mail _____

Emergency Contact _____ Phone _____

How did you hear about us? Please be specific _____

DOG'S INFORMATION

Name _____ Breed _____ Color _____

Age _____ Male Female Spayed/Neutered

Are Rabies, DAP and Bordetella vaccines current? Yes No - If Yes, please provide us with copy of record.

If No, would you like us to update them while your pet is here? Yes No

What flea control are you using?*

Revolution Parastar Comfortis Trifexis Frontline

Advantage Other _____

***We will do a flea check at no charge. If fleas are found, flea control will be applied at owner's expense.**

Does your pet have any physical limitations such as arthritis, old injuries, painful areas, etc.? _____

Does your pet have any any medical problems? Please list _____

Is your pet taking any medications? Please list _____

Does your pet have any allergies? _____

Is your dog on a restricted diet? _____

Has your pet ever bitten anyone? Yes No If Yes, please describe incident _____

Has your dog been to day care before? Yes No Where? _____

What is your dog's favorite kind of toy? Ball Bone Stuffed Animal Tug Toy

PAYMENT

Payment is required at time of pick up. We do not accept checks. Credit cards can be kept on file per request.

I understand that Yippee is not financially liable if my dog is injured while under the care of Yippee staff.

I also accept financial responsibility for any harm caused by my dog while attending Yippee daycare.

Signature of owner _____ Date _____