



# ANIMAL MEDICAL CENTER

*of Woodland Park*

## Doggie Day Care Enrollment Form

### PARENT CONTACT INFORMATION

Parent's Name \_\_\_\_\_ Spouse/Other \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_

Parent's Contact Info: Home \_\_\_\_\_ Work \_\_\_\_\_

Mobile \_\_\_\_\_ Email \_\_\_\_\_

(  Text message approved)

Spouse/Other Contact Info: Home \_\_\_\_\_ Work \_\_\_\_\_

Mobile \_\_\_\_\_ Email \_\_\_\_\_

(  Text message approved)

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

### PET INFORMATION, MEDICAL, AND VACCINATION HISTORY

Pet's Name \_\_\_\_\_ Age \_\_\_\_\_ Breed \_\_\_\_\_ Sex \_\_\_\_\_

Veterinarian \_\_\_\_\_ Location \_\_\_\_\_ Phone \_\_\_\_\_

Rabies Due \_\_\_\_\_ DHLLP Due \_\_\_\_\_ Bordetella Due \_\_\_\_\_

Date of Heartworm Test \_\_\_\_\_ Monthly Prevention: Yes  No

Flea/Tick Prevention: Yes  No  Last Given \_\_\_\_\_

■ Medical History or Concerns (heart disease, arthritis, seizures, medications, etc)

\_\_\_\_\_  
\_\_\_\_\_

■ Has your pet ever shown aggression to people? Yes  No  If yes, please describe.

\_\_\_\_\_  
\_\_\_\_\_

■ Has your pet ever shown aggression to other dogs? Yes  No  If yes, please describe.

\_\_\_\_\_  
\_\_\_\_\_

■ Does your pet regularly play with other pets? Yes  No

■ Has your pet ever jumped or climbed a fence? Yes  No

■ Has your pet received obedience training? Yes  No  If yes, please describe.

## Animal Medical Center Doggie Day Care Agreement Form

For the safety and health of all pets, customers and staff of Animal Medical Center, we require all clients to understand and comply with the rules and regulations below:

- All pets must be current on vaccination for the following diseases: Rabies, Distemper, Hepatitis (Adenovirus), Parainfluenza, Bordetella, Influenza, Leptospirosis, and Giardia. If your pet is not a patient of the Animal Medical Center of Woodland Park, please bring proof of vaccine administration by a veterinary hospital. If Animal Medical Center has to request vaccination records, a \$5.00 medical record request fee will be charged.
- All pets must be spayed or neutered if over 6 months of age.
- Puppies will be accepted if they are current on all vaccinations.
- All pets must have regular nail trimmings. If your pet needs nail trimming, this service will be provided for \$18.50.
- No pets with open wounds or sores will be accepted.
- During nice weather your pet may play outside, therefore pets may become dirty. If you would like your pet bathed before going home please let us know.
- No pets with ticks or fleas will be accepted. If your pet has flea or ticks or evidence of fleas or ticks, treatment (Capstar<sup>®</sup>) will be provided for \$23.00.
- No pets with recent (within 14 days) illness (i.e. vomiting, diarrhea, coughing, or sneezing) will be accepted.
- Collars with name tags and phone numbers are required. If needed, the Animal Medical Center can provide this service.
- All pets must undergo a supervised (leashed) behavioral assessment.
- If aggression is detected at any time during day care, the pet may be restricted from future visits.

\_\_\_\_\_  
*Initials* If your pet needs veterinary medical attention while in day camp, every effort will be made to contact the phone numbers you provided on the Enrollment Form. If we cannot reach you, medical services will be provided. You will be responsible for payment for such medical services.

\_\_\_\_\_  
*Initials* By presenting my pet for participation in the Woodland Animal Hospital Doggie Day Care program, I am verifying that my pet is free of infectious disease and has shown no clinical signs of illness for 14 days prior to admittance into doggie day care.

\_\_\_\_\_  
*Initials* I understand that during group play with other dogs, injury, illness or death may occur. I willingly accept the all risk of and responsibility for the cost of treatment for any such injury or illness. I further release, indemnify and hold harmless Animal Medical Center, its owners and employees from any and all claims arising from my pet's conduct or any damages, illness or injuries caused or sustained by my pet(s) or myself as a result of participating in doggie day care.

This policy and agreement shall apply indefinitely and during the course of each and every visit I or my pet makes to Animal Medical Center Doggie Day Care.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Animal Medical Center of Woodland Park  
15226 West Highway 24 • Woodland Park, CO 80863  
Phone: (719) 687-9201