



3303 Jahn Ave. NW, Suite 230
Gig Harbor, WA 98335
253-509-0171
253-302-2831

Pick-Up Authorization

This form states the individuals who are authorized to pick-up the dog when the owner is unable to do so. This form must be included with your daycare enrollment application.

Owner's Name: _____

Owner's Address: _____

Dog's Name: _____ Breed: _____

Authorized Persons

Name _____ Sex _____ Date of Birth _____

Home Phone _____ Work Phone _____

Cell Phone _____ Relationship to owner _____

Name _____ Sex _____ Date of Birth _____

Home Phone _____ Work Phone _____

Cell Phone _____ Relationship to owner _____

Name _____ Sex _____ Date of Birth _____

Home Phone _____ Work Phone _____

Cell Phone _____ Relationship to owner _____

Name _____ Sex _____ Date of Birth _____

Home Phone _____ Work Phone _____

Cell Phone _____ Relationship to owner _____

I give permission to the above stated individuals to pick up my dog in my absence. I also understand that I must call ahead of time if arrangements have not been made when dropped off. We will not release the dog till we have approval of the owner.

Owners Signature _____ Date _____

Medical Records Release Authorization

Dog(s) Name(s) _____
Owners Name _____ Phone _____
Address _____
City, State _____ Zip Code _____

I give _____ (name of animal hospital) permission to release medical and vaccination information on the above-mentioned dogs.

Signature _____ Date _____

Dog #1 _____
Rabies date of vaccination _____
Bordatella date of vaccination _____
Distemper date of vaccination _____
Date of last exam _____ Any medical needs we need to be aware of?

Dog #2 _____
Rabies date of vaccination _____
Bordatella date of vaccination _____
Distemper date of vaccination _____
Date of last exam _____ Any medical needs we need to be aware of?

Dog #3 _____
Rabies date of vaccination _____
Bordatella date of vaccination _____
Distemper date of vaccination _____
Date of last exam _____ Any medical needs we need to be aware of?

Dog #4 _____
Rabies date of vaccination _____
Bordatella date of vaccination _____
Distemper date of vaccination _____
Date of last exam _____ Any medical needs we need to be aware of?

I certify that I have, in the past 12 months, examined the above-mentioned dog(s) and that they are in general good health, not under any medical care for communicable diseases or conditions, were not evaluated for temperament reasons, and are up to date on the above indicated vaccinations.

Hospital Name _____
Doctor's Name (Print) _____
Signature _____ Date _____

Health and Temperament Agreement

Dog's Name _____

1. I understand that I am solely responsible for any harm caused by my dog(s) while my dog(s) are attending Our Best Friend LLC and agree to pay any medical expenses for any dog(s) that is (are) harmed by the fault of my dog(s).

2. I further understand and agree that in admitting my dog(s), Our Best Friend LLC Doggie Daycare has relied on my representation that my dog(s) is/are in good health and have not harmed or shown aggression or threatening behavior towards any person or any other dog.

3. I further understand and agree that Our Best Friend LLC Doggie Daycare and their staff will not be liable for any problems that develop provided reasonable care and precautions are followed, and I hereby release them of any liability of any kind arising from my dog(s) attendance and participation at Our Best Friend LLC Doggie Daycare.

4. I further understand and agree that any problems that develop with my dog(s) will be treated as deemed best by staff of Our Best Friend LLC, in their sole discretion, and that I assume full financial responsibility for any and all expenses involved.

I certify that I have read and understand the rules and regulations set forth on the preceding page and that I have read and understand this agreement. I agree to abide by the rules and regulations and accept all the terms, conditions and statements of this agreement.

Signature of owner: _____

Date: _____

Owner Proof of ID Required

In order to ensure that persons are who they say they are and to prevent dogs being abandoned at our facility, we require a copy of your driver's license or state ID. We understand that this might be a bit of an inconvenience, but we are only looking out for the well being of our dogs.

Owner Information

Name(s) _____
Address _____ City _____ State _____
Zip Code _____ Place of Employment / Title _____
Home Phone _____ Cell Phone _____
Work Phone _____ E-mail Address _____

Emergency Contact

Name _____ Relationship _____
Best Contact Number _____
Name _____ Relationship _____
Best Contact Number _____

Veterinarian

Vet Name _____ Place _____
Address _____ City/State _____
Phone _____

Pet Information

Name _____ Breed _____ Age _____ Weight _____ Date of Birth _____

Behavior Assessment

1. Has your dog been to a Doggie Daycare Before? If so were? _____
2. Tell us anything about your dog that will assist us in assessing him/her such as are they fearful of any type of dog or people etc. _____

3. How does your dog react to other dogs? Check those that apply.
☐ Playful ☐ Excited ☐ Runs away ☐ Calm
☐ Standoffish ☐ Subordinate ☐ Barking ☐ Fearful
☐ Shares toys ☐ Shy ☐ Protective of toys ☐ Protective of food
4. Do you have concerns about your dog in any of these areas listed below? Check all that apply.
☐ Housetraining ☐ Barking ☐ Runs Away ☐ Destroys toys
☐ Nervous ☐ Nips ☐ Aggressive ☐ Frightened easily
☐ Crate Trained ☐ Comes to name ☐ Ignores commands ☐ Eating habits
5. Has your dog been formally obedience trained? _____ Where? _____
6. What commands does your dog know? _____
7. Is there training you would like reinforced with your dog? _____ Special wording you use for commands? _____
8. How did you hear about Our Best Friend LLC Doggie Daycare and Boutique? _____

Health and Grooming

1. What Flea treatment do you use and how often? _____
2. How does your dog react to having his/her nails clipped? _____
3. Does your dog have any sensitive spots on his/her body and where does she/he liked to be pet or messaged most? _____

We are not able to care for dogs that are ill with communicable ailments. If your dog gets ill while at daycare we will call you to pick up your dog immediately. To ensure we maintain the safest place for your pet as possible please be considerate of others and do not bring your dog to daycare if they are ill.

E-mail: janice@gigharbordoggiedaycare.com

