



2855 Capitol Drive Sun Prairie, WI 53590

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Website: luckydog-daycare.com

Lucky Dog Daycare and Boarding Application for Enrollment

**OWNER'S INFORMATION:**

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

1<sup>st</sup> Cell Phone#: (     )     -     2<sup>nd</sup> Cell Phone#: (     )     -

Home Phone#: (     )     -     Work Phone#: (     )     -     Ext: \_\_\_\_\_

Email Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

**EMERGENCY CONTACT:** *(someone other than that listed above)*

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

1<sup>st</sup> Cell Phone#: (     )     -     2<sup>nd</sup> Cell Phone#: (     )     -

Home Phone#: (     )     -     Work Phone#: (     )     -     Ext: \_\_\_\_\_

**VETERINARY CLINIC:**

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

Phone#: (     )     -     Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**PET INFORMATION:** *(please use a separate application for each dog)*

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

Breed: \_\_\_\_\_ Sex: M / Neutered     F / Spayed

Date of Birth:     /     /     Adoption Date:     /     /     \*All dogs must be spayed/neutered after 6 months of age.

**REFERRED TO US BY:** *(circle the one that most applies)*

Our website     Facebook     Capital City Veterinary Clinic     Your Veterinarian

A Lucky Dog Customer (Name) \_\_\_\_\_ Other: \_\_\_\_\_

Lucky Dog Daycare and Boarding Health & Temperament Certification

I, \_\_\_\_\_, hereby certify that my dog, \_\_\_\_\_, is in good health and has not had any communicable disease or condition in the last 30 days and that any prior communicable conditions were treated. I further certify that my dog has not harmed or shown aggressive or threatening behavior towards any person or any other dog, or is willing (or able) to climb or jump 6' chain-link fences. I have attached verification from my vet to this page indicating that my dog has up-to-date vaccinations as indicated here:

DHLPP (Distemper) expiration:         /         /  
Bordatella expiration:             /         /  
Rabies expiration:                 /         /         Rabies Tag #: \_\_\_\_\_  
Fecal Test (date done):           /         /         Results: \_\_\_\_\_  
Flea Control: \_\_\_\_\_                 Last Applied:     /         /

Lucky Dog Daycare and Boarding Agreement

1. I understand and agree that my dog’s attendance and participation at Lucky Dog involves an inherent risk of harm or injury to my dog and therefore I am solely responsible for any injury to my dog or any damage caused by my dog while it is attending Lucky Dog regardless of fault.
2. I further understand and agree that in admitting my dog to Lucky Dog, Lucky Dog has relied on my representation that my dog is in good health and has not harmed or shown aggressive or threatening behavior towards any person or any other dog and may terminate my dog’s participation for aggressive behavior at any time.
3. I further understand and agree that Lucky Dog and their staff will not be liable for any costs or damages related to my dog’s stay at Lucky Dog, and I hereby release them from any claim for liability of any kind whatsoever arising from my dog’s attendance and participation at Lucky Dog.
4. I further understand and agree that any injury or medical condition my dog develops will be treated as deemed best by the staff at Lucky Dog, in their sole discretion, and I assume full financial responsibility for any and all expenses involved, including fees of veterinarians.
5. I further understand and agree that Lucky Dog closes promptly at 6:00pm. A late charge of \$30.00 will be due if my dog is not picked up by 6:00pm.
6. I understand and agree that payment in full for all services is due no later than the time my dog is picked up each day. If not paid, a late charge of \$5.00 per day will be added to the outstanding balance until paid in full.

I certify that all of the information set forth on the preceding pages is true and correct and that I have read and understand this agreement. I agree to abide by the rules, regulations and payments schedules and accept all the terms, conditions, and statements of this agreement.

Print your name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date:     /         /

<i>Office Use Only:</i>		
Orientation Appointment Date:     /         /	Time: _____	With: _____
Application Entered by: _____	Dog’s Start Date:     /         /	