

Dog Daycare Application Form

Your Name

Address

Address

City

State

Zip

Home Phone

Work Phone

Email Address

In Case of Emergency (Contact)

Your Name

Address

Address

City

State

Zip

Home Phone

Work Phone

Veterinarian

Name

Phone

Address

Address

City

State

Zip

Pet Information

Name

Sex

Spayed/Neutered

Age

Birthday

Breed

Color

Weight

Feeding Schedule

Brand and Type of Food

Is your dog allowed to have treats?

If yes what type

How long have you had him/her?

If you have not had him/her from puppy hood, what do you know of its prior history?

Are there any other animals in the household?

Please describe your dogs overall temperament:

How does your dog react to other dogs? (Generally)

(Inside your home)

Has your dog every participated in play at a dog park?

If yes how did he/she react with the other dogs?

How does your dog react to strangers?

Does your dog have any kinds of people he/she automatically fears or dislikes?

If yes describe:

Does your dog have any kinds of dog that he/she automatically fears or dislikes?

If yes describe:

Has your dog ever bitten someone?

If yes describe:

Has your dog ever been in a fight or bitten another dog?

If yes describe:

Has your dog ever escaped or attempted to escape by digging/jumping or climbing fences?

If yes describe:

Does your dog jump on people?

Do you walk your dog?

How often?

Distance?

What other exercise does your dog receive?

How often?

Does your dog have any known behavioral problems?

Does your dog have a circumstance or situation that he/she is frightened of?

If yes describe:

Describe how you would calm the dog during this situation:

Is your dog housebroken or crate trained?

Does your dog play with toys?

What kind?

Is your dog toy possessive?

Describe:

Has your dog shared toys/food/water with other dogs before?

Where there any problems?

Has your dog ever played on playground or agility equipment before?

Do you feel that play equipment would be inappropriate for your dog?

Describe:

Does your dog prefer a particular sex of dog?

Describe:

Has your dog ever received any formal training?

Where and When?

Does your dog know any commands?

Describe:

What do you do with him/her when you leave the home?

How does he/she react when you get home?

Does your dog have any health concerns that you are aware of?

Describe:

Does your dog have any medical restrictions on his/her activities?

Describe:

Is your dog currently on any medication?

Describe:

Does your dog have any allergies?

Describe:

Does your dog like to receive brushings? How often is he/she brushed?

How does your dog react to getting his/her nails clipped?

Does your dog have any areas on his/her body that he/she does not like to be touched?

Describe:

Does your dog have a special place that he/she likes to be petted or rubbed?

Describe:

Does your dog receive flea and tick preventative?

Brand:

Type:

Frequency:

Is there anything else that you believe we should know about your dog?

When would you like to start?

MEDICAL RELEASE FORM

This is a required form for all Lisa's Pet Salon participants receiving services.

First and foremost the safety and well being of your pet(s) is of the highest importance. Insuring that your pet remains safe and well cared for is our first responsibility and as such we take it very seriously. We do our best to have our pet parents screen for pre-existing health conditions but some factors may be beyond our control. In the event that a medical emergency arises while a pet is at our facility or participating in a service that we provide it is imperative that we are immediately able to get them medical treatment at the closest available facility. We will call ahead to the veterinary offices in closest proximity geographically to us to insure they can handle the emergency present. Your pet will be rushed to the closest available facility for treatment and you will be notified. We notify the owner after we have secured a medical treatment center for the animal to avoid delays that may be caused by emotion on the part of the owner. Our goal is to get your pet medical attention as quickly as humanly possible, and any distractions may interfere with that process.

For that reason, it is a requirement to have our pet parents sign this form.

I understand that in the event of a medical emergency that Lisa's Pet Salon, at its sole discretion, deems to need the immediate attention of a licensed veterinarian, I authorize Lisa's Pet Salon to seek medical attention at the closest available veterinary facility. I further agree that I am financially responsible for any medical treatment my pet(s) receives as a result of a medical emergency while attending services provided by Lisa's Pet Salon.

Signature of Owner*
(Type name)

Date*

Printed Name*

**Required Fields*

PET CARE AGREEMENT

Your Name

Address

Address

City

State

Zip

Home Phone

Work Phone

Dog's Name

Breed

Age

I further understand that Lisa's Pet Salon has relied upon my representation that my dog is in good health and has not injured or shown aggression or threatening behavior to any person or dog in admitting my dog for services at their facility.

I further understand that their owners, staff, partners and volunteers, will not be liable, financially or otherwise, for injuries to my dog, me or any property of mine while my dog is participating in services provided by Lisa's Pet Salon. I hereby release Lisa's Pet Salon of any liability of any kind arising from my dogs participation in any and all services provided by Lisa's Pet Salon.

I further understand and agree that any problems with my dog, behavioral, medical or otherwise will be treated as deemed best by staff of Lisa's Pet Salon in their sole discretion, and in what they view as the best interest of the animal. I understand that I assume full financial responsibility and all liability for any and all expenses involved in regards to the behavior and health of my dog.

I further understand that there are risks and benefits associated with group socialization of dogs. I agree that the benefits outweigh the risks and that I accept the risk. I desire a socialized environment for my dog while attending services provided by Lisa's Pet Salon and while in their care. I understand that while the socialization and play is closely and carefully monitored by Lisa's Pet Salon staff to prevent injury, it is still possible that during the course of normal play my dog may receive minor nicks and scratches from roughhousing with other dogs. Any injuries to my dog will be pointed out by staff upon pick-up.

I understand by allowing my dog to participate in services offered by Lisa's Pet Salon I hereby agree to allow Lisa's Pet Salon to take photographs or use images of my pet in print form or otherwise for publication and/or promotion.

I further understand that I am solely responsible, financially or otherwise, for any harm or damage caused by my dog while my dog is attending any services provided by Lisa's Pet Salon.

I understand that if my dog is not picked up on time or by a date specified in a separate agreement I hereby authorize Lisa's Pet Salon to take whatever action is deemed necessary for the continuing care of my dog. I will pay Lisa's Pet Salon the cost of any such continuing care upon demand by Lisa's Pet Salon.

I understand that if I do not pick up my animal, Lisa's Pet Salon will proceed according to the guidelines provided by (The State Abandoned Animal Statute) Abandonment of animals by owner; procedure for handling. I also acknowledge that I will be fully responsible for all attorneys' fees and associated costs if I abandon my dog.

Signature of Owner*
(Type name)

Date*

Printed Name*

*Required Fields

SUBMIT FORM

NOTE: If submit button doesn't work, save form and email to: lisaspetsalon1@gmail.com

Lisa's Pet Salon

Daycare & Pet Hotel Resort

220 Main Ave, Clifton, NJ 07014

Salon: 973-340-4288

Daycare & Boarding: 973-472-3647