



CONTACT INFORMATION

Owner's name _____

Address: _____

Home phone: _____ Office phone: _____

Cell phone: _____ Email: _____

Emergency Contact (s) name & phone: _____

List all individuals allowed to pick up your dog: _____

How did you hear about us? (Please be specific) _____

.....
Name of Dog (s) _____

WAIVER OF LIABILITY

I, the undersigned, certify and represent that the dog (s) named above has been vaccinated on the date(s) recorded and is not a hazard to persons or other dogs. Further, I agree to hold harmless Doggie Style Daycare and it's representatives from any claims from injury or loss to myself, my dog, or any of my guests, alleged to have arised from the attendance at Doggie Style Daycare. Further, I understand and appreciate the risks present in Doggies Style Daycare and will readily pay ALL medical expenses of any person, or animal injured by my dog (including my dog). I have fully read and understand the conditions of this waiver.

Signature of Applicant _____ Date _____