

**Application and Release Form**

Please Print

How Did you Hear About Pet City Canada? \_\_\_\_\_

Pet Owner(s): (1) \_\_\_\_\_

(2) \_\_\_\_\_

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

City, Province, Postal Code

Home Phone: ( ) - Work Phone : ( ) -

Cell Phone : ( ) - Other : ( ) -

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

**Emergency Contact : (If we can't get in touch with you who can we call?)**

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

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

City, Province, Postal Code

Home Phone: ( ) -

W / C Phone : ( ) -

**PET INFORMATION**

Name: \_\_\_\_\_ Sex: M / F

Name: \_\_\_\_\_ Sex: M / F

Spayed/Neutered Y / N

Spayed/Neutered Y / N

Age: \_\_\_\_\_ Birthday: \_\_\_\_\_

Age: \_\_\_\_\_ Birthday: \_\_\_\_\_

Breed: \_\_\_\_\_

Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Weight: \_\_\_\_\_ LB / KG

Color: \_\_\_\_\_ Weight: \_\_\_\_\_ LB / KG

Micro Chip Y / N # \_\_\_\_\_

Micro Chip Y / N # \_\_\_\_\_

**Veterinary Clinic:**

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

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

Phone: \_\_\_\_\_

Does your pet(s) have any medical conditions that we should be aware of? \_\_\_\_\_

If yes, please provide details: \_\_\_\_\_

Does your pet(s) have any behavioral issues that we should be aware of? \_\_\_\_\_

If yes, please provide details: \_\_\_\_\_

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

When would you like to start? \_\_\_\_\_

Proof of up-to-date vaccinations is required prior to attendance of your pet at the daycare.

**Required vaccinations:**

- Bordetella (Kennel Cough)
- Parvovirus
- Rabies
- DHP (Distemper, Hepatitis, Parainfluenza)

Although not mandatory, we do strongly recommend your dog be on a treatment program for fleas and ticks when attending daycare. Please consult your vet to determine what is best suited for your pet.

**This Document affects your legal rights. Please read carefully before signing**

## **PET CARE AGREEMENT**

1. I understand that Pet city Canada 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 or while in their care.
2. I further understand that Pet City Canada their owners, staff, partners and volunteers, will not be liable, financially or otherwise, for injuries to my dog, myself or any property of mine while my dog is participating in services provided by Pet City Canada. I hereby release Pet City Canada of any liability of any kind arising from my dog's participation in any and all services provided by Pet City Canada.
3. I further understand and agree that any problems with my dog, behavioral, medical or otherwise will be treated as deemed best by staff of Pet City Canada 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.
4. 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 Pet City Canada and while in their care. I understand that while the socialization and play is closely and carefully monitored by Pet City Canada 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.
5. I understand by allowing my dog to participate in services offered by Pet City Canada I hereby agree to allow Pet City Canada to take photographs or use images of my pet in print form or otherwise for publication and/or promotion.
6. 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 Pet City Canada.
7. I understand that if my dog is not picked up on time or by a date specified in a separate agreement I hereby authorized Pet City Canada to take whatever action is deemed necessary for the continuing care of my dog. I will pay Pet City Canada the cost of any such continuing care upon demand by Pet City Canada.
8. I hereby agree that this contract shall be effective as of the date signed below and shall remain in full force and effect for any future reservations and / or any future services provided by Pet City Canada.

**By checking this box you acknowledge that you have read and agree to the terms and conditions listed above.**

Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Printed Name \_\_\_\_\_

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## **MEDICAL RELEASE FORM**

First and foremost the safety and wellbeing 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, Pet City Canada may at its sole discretion deem the need to require the immediate attention of a licensed veterinarian. I authorize Pet City Canada 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 Pet City Canada.

I hereby agree that this contract shall be effective as of the date signed below and shall remain in full force and effect for any future reservations and / or services provided by Pet City Canada.

**By checking this box you acknowledge that you have read and agree to the terms and conditions listed above.**

Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Printed Name \_\_\_\_\_

**Please save this document and email it to [tony@petcitycanada.com](mailto:tony@petcitycanada.com)**