**Central Bark Day Care Application Form 2015**

**Dog Info**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Neutered:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_ Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Colour: \_\_\_\_\_\_\_\_\_\_\_Weight: \_\_\_\_\_\_\_\_

If you answer YES to the following questions please describe below:

Has your dog ever bitten a person? Y/N

Has your dog ever bitten another dog? Y/N

Does your dog have any known behavioural problems? Y/N

Is your dog on any medication? Y/N

Does your dog have any health issues that we should be aware of? Y/N

Any other info:

**Owner Info**

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

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mobile:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact (In case we are unable to contact the owner):

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

Veterinary Practice where Dog is registered:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your dog insured Y / N (delete as appropriate)

If yes insurance companies name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Release**

**This is a required form for all Central Bark day care participants receiving services.**

First and foremost the safety and well being of you and your Dog(s) is of the highest importance. Insuring that your dog(s) remains safe is our primary concern and one we take very seriously. We do our best to ensure we have full knowledge of medical history & pre-existing conditions but some factors may e beyond our control. In the event that a medical emergency arises whilst a dog is in our care it is important that we are able to get your dog(S) treated immediately. Every effort will be made to use your preferred vets but in an emergency we will use the nearest available facility. We endeavor to notify the owner or emergency contact as soon as possible however our priority will be your dog(s).

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

“I understand that in the event of an emergency that Central Bark northeast ltd, at it’s sole discretion, deems to need the immediate attention of a licensed veterinarian, I authorize Central bark northeast ltd to seek medical attention at the nearest available facility. I further agree that I am financially responsible for any medical treatment my dog(s) receives as a result of a medical emergency while attending services provided by Central bark northeast ltd . I confirm that by dog(s) are fully vaccinated.

Signature of owner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Day Care/Grooming Agreement**

1. I understand that Central bark northeast ltd has relied upon my representation that my dog is in good health and has not shown aggressive or threatening behaviour to people or dogs in admitting my dog(s) for services at their facility.
2. I further understand that the owners, staff, partners and volunteers, will not be liable, financially or otherwise, for injuries to my dog(s), me or any property of mine while my dog(s) are participated in the services provided by Central ark northeast ltd. I hereby release Central bark northeast ltd of any liability of any kind arising in my dog(s) participation in any and all services provided by Central bark northeast ltd.
3. I further understand and agree that any problems with my dog(s), behavioural, medical or otherwise will be treated as deemed best by staff of Central bark northeast ltd at their sole discretion and in what they view as the best interest of the dog(s)
4. I understand the risks associated with group socialization of dogs and agree that the benefits out way the risks. I desire a supervised social environment for my dog whilst in the care of Central bark northeast ltd. I understand that while the dogs are closely monitored by the staff to prevent injury, it is possible during normal play that dogs pick up minor nicks or scratches from ‘rough housing’ wit other dogs. Any injuries will be pointed out by staff upon pick-up and treated if required.
5. I understand that by allowing my dog(s) to participate in services offered by Central bark northeast ltd I hereby agree to allow Central bark northeast ltd to take photographs of my dog(s) to use as promotional material.
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 services at Central bark northeast ltd.
7. I understand that if my dog)s) are not picked up on time as specified that I hereby authorize Central bark northeast ltd to take whatever action is deemed necessary for continuing care of my dog. I will pay Central bark northeast ltd the cost of any such continued care upon demand by Central bark northeast ltd

Signature of owner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_