



## NEW PATIENT & CLIENT INFORMATION SHEET

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### CLIENT INFORMATION

First name \_\_\_\_\_ Last name \_\_\_\_\_

Spouse/Partner first name \_\_\_\_\_ Spouse/Partner last name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone # \_\_\_\_\_ (home - work - cell) CIRCLE ONE

**\*Please indicate whose number this is:** \_\_\_\_\_

Secondary Phone # \_\_\_\_\_ (home - work - cell) CIRCLE ONE

**\*Please indicate whose number this is:** \_\_\_\_\_

Primary E-mail address: \_\_\_\_\_ (PLEASE NOTE WE CAN ONLY KEEP

ONE EMAIL ADDRESS ON FILE SO PLEASE CHOOSE WHICH ONE IS CHECKED MOST OFTEN)

How did you hear about us?  Yelp.com  Google Search  Shelter  Family/Friend \_\_\_\_\_  
(please let us know whom we may thank for referring you)

Have we seen any of your other pets?  Yes  No

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### PATIENT INFORMATION

Pet's name: \_\_\_\_\_ Sex:  Male  Female Neutered or spayed?  Yes  No

Species:  Dog  Cat Weight \_\_\_\_\_

Pet's Date of Birth (Month/Day/Year) \_\_\_\_/\_\_\_\_/\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_

Does your pet have any allergies, take any special medications or have any health problems we should know about? YES/NO (CIRCLE ONE)

If yes, please explain: \_\_\_\_\_

Does your pet have any special needs or illnesses we should know about? YES/NO CIRCLE ONE)

If yes, please explain: \_\_\_\_\_

Dates of last vaccinations if not performed at this clinic:

**Dogs:** Rabies: \_\_\_\_\_ DHPP (Distemper/Hepatitis/Parainfluenza/Parvo): \_\_\_\_\_

Bordetella: \_\_\_\_\_ Influenza: \_\_\_\_\_ Leptospirosis: \_\_\_\_\_

Heartworm test: \_\_\_\_\_ Is your dog on heartworm preventives?  Yes  No

**Cats:** Feline Rabies: \_\_\_\_\_ FVRCP (Feline Rhinotracheitis/Calicivirus/Panleukopenia): \_\_\_\_\_

Feline leukemia: \_\_\_\_\_

Name of previous vet clinic? \_\_\_\_\_

Phone # if known: (\_\_\_\_) \_\_\_\_\_

**MAY WE HAVE PERMISSION TO TAKE PHOTOS OF YOUR PETS AND POST THEM ON SOCIAL MEDIA?**

Yes  No



**(For Staff Use Only)**

Interview Completed:  Yes /  
 No Approved for Daycare:  
 Yes /  No  
\_\_\_\_\_ (CVH Staff Initial)

## **Doggy Daycare Registration**

### **Owner Information:**

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

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

Phone # (1): \_\_\_\_\_ (home – cell – work) – circle one

**\*please indicate whose number this is\***

Phone # (2): \_\_\_\_\_ (home – cell – work) – circle one

**\*please indicate whose number this is\***

Address: \_\_\_\_\_ (house or apartment?) – circle one

City: \_\_\_\_\_

Zip: \_\_\_\_\_

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

### **Emergency Contact Information**

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

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

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

Names of persons authorized to pick/drop off your pet(s)? \_\_\_\_\_

### **Dog Profile**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_\_\_

Neutered or spayed? (yes or no) \_\_\_\_\_

**\*\*NOTE\*\* ANY DOG OVER THE AGE OF 6 MONTHS OLD MUST BE SPAYED OR NEUTERED TO PARTICIPATE IN PLAYGROUP.**

Does your dog:

Dig excessively? **YES/NO (CIRCLE ONE)**

Bark excessively? **YES/NO (CIRCLE ONE)**

Is your dog:

Crate trained? **YES/NO (CIRCLE ONE)**

House trained? **YES/NO (CIRCLE ONE)**

Frightened by noise (thunder)? **YES/NO (CIRCLE ONE)**

Aggressive towards other dogs? **YES/NO (CIRCLE ONE)**

Has your dog ever climbed, or tried to climb a 6 ft. fence? **YES/NO (CIRCLE ONE)**

***Other than treats, we feed dogs only upon request with food supplied by the owner. If you supply food, please bring it in a sealed container or baggie clearly marked with your dog's name. Also, please leave complete feeding instructions prior to departure.***

Waiver continued on next page.

**OWNER WAIVER & AGREEMENT – PLEASE READ!**

I hereby represent that I am the legal owner of the dog described above to be enrolled in Chatfield Veterinary

Hospital's Doggy Day Care.

I hereby agree that due to the likelihood of vigorous or rough play while dogs are in daycare, any dogs can be prone to injuries such as sprains and lacerations, or any other injury which can occur during active outdoor playtime. Also; although all dogs are required to be current on the core vaccinations (Rabies, DHPP, Bordetella and Canine Influenza), exposure to other dogs can increase the chance of contracting contagious diseases such as kennel cough or canine influenza.

I hereby waive and release Chatfield Veterinary Hospital, its employees, directors, owners, representatives and agents from any and all liability from which my dog may suffer, including specifically, but not without limitation to, any injury or damage whatsoever arising from the dog's attendance and participation at Chatfield Veterinary Hospital's Doggy Day Care. \_\_\_\_\_ (initial)

I hereby agree to indemnify and hold harmless Chatfield Veterinary Hospital, its employees, directors and agents from any and all claims, or claims by any member of my family or any other person accompanying me to a function of Chatfield Veterinary Hospital's Doggy Daycare, or while attending the premises thereof, as a result of any action by any dog. (Resulting in injury or death) \_\_\_\_ (initial)

In the unlikely event of death, your pet's remains would stay on our premises, until you have made a decision regarding after life care.

I recognize and understand that during the determined naptime or when there is inclement weather, my dog may have to be kenneled in a crate if the boarding suites are already full.

I recognize that as the owner or authorized agent of the dog mentioned above, that their health is my responsibility. I hereby represent that all required vaccinations (Rabies, Bordetella, Canine Influenza, DHPP, and a negative fecal test) are up to date. I will also continue to ensure that the required vaccinations will be kept up to date for as long as the dog attends Chatfield Veterinary Hospital's Doggie Daycare. I will provide proof of all booster vaccinations to Chatfield Veterinary Hospital.

I further understand and agree that in admitting my dog, Chatfield Veterinary Hospital has relied on my representation that the dog is in good health and has not harmed or shown aggression or threatening behavior towards any person or any other dog.

I further understand and agree that Chatfield Veterinary Hospital and their caregivers will not be liable for any problems that might develop with my dog, including, but not limited to, sickness, disease, injury, running away and death, provided that reasonable care and precautions are followed.

I further understand and agree that any problem that develops with my dog will be treated as deemed best by the caregivers of Chatfield Veterinary Hospital at their sole discretion and that I assume full financial responsibility for any and all expenses involved.

I agree to pick up my dog prior to closing time. Should I fail to pick up my dog after the required times without giving the daycare staff notice, I acknowledge that I will be charged a late pick-up fee of \$15.00 which is to be paid at the time of pick-up.

Pick-up times are as follows:  
Monday-Thursday by 6:45pm  
Friday by 5:45pm

It is hereby acknowledged that should I fail to pick up my dog before closing time and my dog is boarded overnight I will be subject to a \$43.00 overnight charge.

Chatfield Veterinary Hospital reserves the right to permanently remove a dog from its daycare at any time.

I certify that I am eighteen years of age or older and have the legal capacity to enter into a binding contract. Further I certify that I have read and understand the rules and regulations as set forth in this agreement. I agree to abide by the rules and regulations and accept all the terms, conditions and statements of this agreement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Emergency Contact Information

*Your emergency contact should be someone local and someone other than yourself.*

**Emergency Contact Name:** \_\_\_\_\_

**Emergency Contact Phone #:** \_\_\_\_\_

**Emergency Contact Email (if applicable):** \_\_\_\_\_

I understand that in the event of an emergency, Chatfield Veterinary Hospital will make every attempt to contact me. If Chatfield Veterinary Hospital is unable to reach me, I authorize the following:

**(initial)** In the event of illness or injury, I authorize Chatfield Veterinary Hospital to provide appropriate medical treatment for my pet. However, in the event Chatfield Veterinary Hospital is unable to provide the required treatment, I authorize them to seek treatment at any veterinary clinic or hospital. Furthermore, I agree to reimburse Chatfield Veterinary Hospital within 14 days of incident for all veterinary fees and related costs.

### MEDICAL CARE POLICY:

(Please choose one of the following options. If you have multiple pets boarding with us, this Medical Care Policy covers all of the pets.)

**Option 1:** If my pet(s) becomes ill or is injured during his/her stay, I authorize Chatfield Veterinary Hospital to perform whatever services the doctors deem necessary for the best care of my pet(s). If the cost is going to exceed \$ \_\_\_\_\_ for **each individual pet**, further authorization by owner or authorized agent must be given.

Please contact me at:

**Phone #1:** \_\_\_\_\_, **Phone #2:** \_\_\_\_\_

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

**OR**

**Option 2:** If my pet(s) become ill or injured during his/her stay, I wish to be called prior to Chatfield Veterinary Hospital performing any services for my pet(s).

Please contact me at:

**Phone #1:** \_\_\_\_\_, **Phone #2:** \_\_\_\_\_

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

This release does not expire and will remain valid for all future Chatfield Veterinary Hospital services.

**Owner's Printed Name:** \_\_\_\_\_

**Owner's Signature:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_

## **PET CARE AGREEMENT**

1. This is an agreement between Chatfield Veterinary Hospital (“CVH”) and the pet owner (“Owner”) whose signature appears below. By signing this Agreement and leaving pet in the care of CVH, Owner certifies to the accuracy of all information given about said pet. CVH will rely on the information provided by Owner, until the information is amended, in writing, and acknowledged by both the Owner and CVH. CVH reserves the right to deny admittance to Owner’s pet for any reason at any time.
2. CVH shall exercise reasonable care for the pet delivered by the Owner to CVH. Since interactive daycare is provided, and unless specifically declined for the pet by the Owner, Owner recognizes and accepts potential risks involved in such activities. It is expressly agreed by Owner that CVH’s liability shall in no event exceed the lesser of the current chattel value of a pet of the same species or the sum of two hundred dollars (\$200.00) per animal admitted. The Owner further agrees to be solely responsible for any and all acts or behavior of said pet while it is in the care of CVH, which shall include payment of all costs for injury to staff, guests, other animals, or damages to the facilities.
3. Owner understands that the concept of dog daycare/group play and overnight boarding is to allow dogs to be socialized by interacting with people and other dogs. While these activities are supervised by staff, there is always the possibility of injury from rough play. Owner agrees that any injury to their pet incurred during the use of the facilities shall not result in liability of any type by CVH. If a dog exhibits any temperament problems such as aggression or extreme shyness with either dogs or people, the dog will be removed from the playgroup and the Owner will be advised of this action. If such action occurs, the daily fee will not be refunded for this day of daycare.
4. If pet becomes ill or injured, or if the state of the animal’s health otherwise requires professional attention, CVH, in its sole discretion, may engage the services of a veterinarian or administer medication or give other requisite attention to the animal, and any expenses incurred shall be paid by the Owner. In no event shall CVH be liable for illnesses that arise during the pet’s stay or after the pet has left the facility.
5. CVH reserves the right to refuse to accept a pet at check-in if, in CVH’s sole discretion, the pet is either sick or could jeopardize the health or safety of other pets or staff. Owner specifically represents that the pet has not been exposed to any contagious diseases within a thirty (30) day period prior to check-in. During the period of this Agreement, Owner also agrees to notify CVH of any known exposure of pet to a communicable disease, and to hold the pet out of attending CVH until the pet is symptom-free for a minimum of three (3) days or with written veterinary clearance. Owner further agrees to maintain current vaccinations as required by CVH.
6. The overall wellbeing of every boarding and daycare pet is our utmost concern. Many dogs bark during playtime and for a short time in their kennel. However, excessive barking is discouraged so that all the pets can rest comfortably. If Owner’s dog exhibits excessive barking while in the care of CVH, information regarding behavior modification/training may be provided to the Owner. Daycare or boarding dogs not picked up by the scheduled close of business may be placed in the boarding facility, and Owner will be charged the overnight boarding rate.

7. Owner agrees that the pet shall not leave the facility until all charges are paid by the Owner. Pets who are boarding with CVH and picked up before 11:00 a.m. will not incur a charge for the day of pickup. Boarded pets picked up after 11:00 a.m. will incur a half-day boarding charge.
8. Daycare pets will be charged for a half-day if they are picked up within six (6) hours of the time they are dropped off. If a pet remains in daycare for more than six (6) hours, there will be a full-day charge.
9. CVH realizes that older dogs may experience additional stress in the boarding, daycare, or grooming environment. CVH is committed to providing exceptional care for each dog, including geriatric animals. Owner's signature, below, acknowledges that Owner is aware of any age-related risks to their pet.
10. If the pet dies while in the custody of CVH, CVH will use reasonable efforts to notify Owner as soon as possible. CVH will keep the pet's remains on our premises for a period of up to two weeks (14 days) to allow Owner to make final arrangements for disposal of the remains. If no arrangements have been made within the two-week period, CVH will take custody of the pet's remains and dispose of them appropriately.
11. This Agreement contains the entire Agreement between the parties. All terms and conditions of this Agreement shall be binding on the heirs, administrators, personal representatives and assigns of Owner and CVH.
12. Any controversy or claim arising out of or relating to this Agreement, or the breach thereof, or as the result of any claim or controversy involving the alleged negligence by any party to this Agreement, shall be settled in accordance with the rules of the American Arbitration Association. The arbitrator shall, as part of the Award, determine an award to the prevailing party of the costs of such arbitration and reasonable attorney's fees of the prevailing party.
13. Owner understands and agrees that in the event any portion of this Agreement shall be found void or unenforceable for any reason, all other portions of the Agreement will remain in full force and effect.
14. Holiday Information: A fifty-dollar (\$50.00) deposit per pet will be required for any holiday reservation. Please confirm the length of stay when making your holiday reservations. Staff is on hand 365 days a year, with a minimum of six (6) hours of daycare provided on holidays. However, the business office is closed on all major holidays; therefore, while pick-up's and drop-off's may be scheduled on these days, the times may vary depending on the staffing schedule.
15. Cancellation Policy: Should Owner need to cancel a booking, CVH asks to be notified at least 72 hours in advance for every boarding and daycare reservation. Please notify CVH of any changes in your drop-off or pick-up dates and times, as soon as possible. Owner assumes responsibility for any additional charges incurred/

I HAVE READ, AND I UNDERSTAND AND AGREE TO, ALL PROVISIONS OF THIS AGREEMENT.

Owner's Printed Name: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_

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