



Lucky Dog Company
2004 Brazosport Blvd N. Richwood, Tx 77531
979-480-3086

Entered in _____ (Date/Initials)
Rabies: _____
DA2P: _____
Bordetella: _____

Customer Information

Please Print Clearly

First Name:	Last Name:
Address:	City, State Zip:
Mobile #:	Home#:
Email Address:	
Veterinarian :	
LOCAL Emergency Contact:	Contact #:
Referred By:	

Pet Information

Pet Name:			Pet #2 Name:		
Sex: M F	Fixed: Y N	Approx Age:	Sex: M F	Fixed: Y N	Approx Age:
Breed:			Breed:		
Color/Markings:			Color/Markings:		
Social Temperament:			Social Temperament:		
Medical Conditions:			Medical Conditions:		
Diet:			Diet:		
CIRCLE IF ANY APPLY : ↓ ↓ ↓			CIRCLE IF ANY APPLY : ↓ ↓ ↓		
Anxiety- Bites-Climbs -Chews- Digs- Escapes- Fence Aggressive- Marks			Anxiety- Bites-Climbs -Chews- Digs- Escapes- Fence Aggressive- Marks		
Other Information:			Other Information:		

Waiver of Liability: Fill in the blanks, Sign and date

I, **(Your name)** _____ hereby certify that my pets **(List pets)** _____
is/are in good health, parasite free, and has/have not been ill with a communicable disease in the last 30 days AND is/are vaccinated for
communicable diseases and/or preventative, or I waive LDC of associated liability.

I have accurately described my pets' medical conditions, spay/neuter status, and temperament.

I understand that no vaccine is 100% effective and pets playing at Daycare may spread common germs and that Lucky Dog is not liable.

I understand that there are unique risks associated with senior dogs

I understand that in the event my pet(s) has/have fleas or parasites, is/are injured, or become ill during their stay:

1. Lucky Dog may treat them or have them treated at the vet or their choosing at my expense
2. Lucky Dog will not be held financially or other liable in case of injury/illness
3. I may be held liable for unprovoked injury caused by my pet to animals or staff.

I hereby waive Lucky Dog Company and Staff of all liability associated with stay at a cage free social doggy daycare,
and liability financial expenses incurred in medical treatment and understand I am boarding at my own risk

Sign: _____ Date: _____