

CHUBBY PUPPY APPLICATION

5111 Doyle Road, Pittsburgh, PA 15227

412-668-2286

www.chubbypuppydaycare.com

APPLICANT INFORMATION

Name:	Last Name	First Name	Spouse's Name
Current address:			
City:	State:	ZIP Code:	
Home Phone:		2 nd Home Phone:	
Work Phone:		2 nd Work Phone:	
Cell Phone:		2 nd Cell Phone:	
Email:		2 nd Email:	

PET'S INFORMATION

Pet's Name:			Breed:	
Age:	DOB:	Male or Female	Spayed or Neutered	Weight:
Licensed? Yes or No	Microchipped? Yes or No	Microchip No:		

Please note: We do require spaying and neutering after six months.

Females in season are prohibited to attend day care or classes at Chubby Puppy

EMERGENCY CONTACT

Name of a relative not residing with you that is Authorized by you to pick up dog with Photo ID:			
Name:	Relationship:	Phone:	2 nd Phone:
Name:	Relationship:	Phone:	2 nd Phone:

VETERINARIAN INFORMATION

Veterinary Practice:		
Name of Veterinarian:	Phone:	Fax:
I authorize our veterinarian to release our pet(s) medical records to Chubby Puppy Daycare.		Initials

HOW DID YOU HEAR OF US?

<input type="checkbox"/> Client Referral	<input type="checkbox"/> Sign	<input type="checkbox"/> Website	<input type="checkbox"/> Google/internet	<input type="checkbox"/> Vet Referral	<input type="checkbox"/> Other	List other here
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WHO CAN WE THANK FOR REFERRING YOU?

Name	Address	Phone

POLICY AND DISCLAIMER

1. The owner acknowledges receipt and acceptance of the Operating Policies of Chubby Puppy.
2. The owner certifies that their dog does not violate the Breed Restriction policy of Chubby Puppy.
3. The owner has provided a copy of their pet's current veterinary records and completed a Chubby Puppy Health Agreement form. Owner will disclose any allergies or medical conditions such as seizures, patella subluxation, hip dysplasia, ACL issues or other conditions which are necessary to aid staff in providing a safe environment for their dog.
4. I, hereby release and waive Chubby Puppy, its employees, owners and agents and owners of the property from any and all liability of any kind, for injury or damage which my dog, myself, members of my family or guest may suffer, however caused, including specifically but not without limitation, any injury or damage while using the entire Chubby Puppy facility or its services, or while attending any training session or other event function of Chubby Puppy.

SIGNATURES

I have had sufficient opportunity to read this and fully understand this entire document and agree to be legally bound by its terms and conditions.

Signature of applicant:	Date:
Signature of spouse (<i>only if for a joint ownership</i>):	Date: