



This form may be filed out electronically in Adobe Reader and emailed to info@unleashedindaphne.com, or you may print, fill out with ink, and return it to our office either in person or via US post.

Parent's Information			
Name <input type="text"/>			
Address <input type="text"/>		City <input type="text"/>	
State <input type="text"/>	Zip <input type="text"/>		
Home Phone <input type="text"/>		Cell Phone <input type="text"/>	
Email <input type="text"/>			
Emergency Contact <input type="text"/>		Phone <input type="text"/>	
Vet Clinic <input type="text"/>		Veterinarian <input type="text"/>	
Clinic Address <input type="text"/>		Clinic Phone <input type="text"/>	

Pet's Information			
Name <input type="text"/>	Age <input type="text"/>	Breed <input type="text"/>	
Sex M <input type="checkbox"/> F <input type="checkbox"/>	Spayed / Neutered? Y <input type="checkbox"/> N <input type="checkbox"/>	Vaccinations Current? Y <input type="checkbox"/> N <input type="checkbox"/>	
Name <input type="text"/>	Age <input type="text"/>	Breed <input type="text"/>	
Sex M <input type="checkbox"/> F <input type="checkbox"/>	Spayed / Neutered? Y <input type="checkbox"/> N <input type="checkbox"/>	Vaccinations Current? Y <input type="checkbox"/> N <input type="checkbox"/>	
Name <input type="text"/>	Age <input type="text"/>	Breed <input type="text"/>	
Sex M <input type="checkbox"/> F <input type="checkbox"/>	Spayed / Neutered? Y <input type="checkbox"/> N <input type="checkbox"/>	Vaccinations Current? Y <input type="checkbox"/> N <input type="checkbox"/>	

Are there any issues in which the staff need to be aware? (Allergies? Medications? Special Needs?)

**List other individuals allowed to drop off/pick up.
Please include name and phone number.**

Name		Phone	
Name		Phone	
Name		Phone	

For Office Use Only	
Consult Performed By	Date
Comments	

Medical Release



Unleashed believes the safety and well being of your pet(s) is of the highest importance. 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, we reserve the right to seek emergency medical attention at our discretion.

While our policy is to contact owners first and use the pet(s) veterinarian whenever possible, there may be a time where it is imperative that we are immediately able to get them medical treatment at the closest available facility. Your pet will be rushed to the nearest available clinic for treatment and you will be notified. We notify the owners after we have secured a medical treatment center for the animal to avoid delays that may be caused by inability to communicate promptly with the owners. Our goal is to get your pet medical attention as quickly as possible and any distractions may interfere with that process.

I understand that in the event of a medical emergency, I authorize Unleashed to seek medical attention at the closest available veterinary facility. I 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 **Unleashed**.

Signature of Owner _____

Date _____

I understand that typing my name in the signature line constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.

Waiver of Liability

Parent's Name _____

Pet's Name(s) _____

☐

I have enlightened **Unleashed** that my dog is healthy and is in good condition to participate in daily activities. I have listed any concerns and made the staff aware of any previous injuries and/or behaviors that would cause any problems.

☐

I understand **Unleashed** has the right to refuse services if my dog is not up to date on all vaccinations required to participate in daycare or boarding.

☐

I understand if my dog(s) is infested with fleas, I will be contacted immediately to come pick up my dog to help prevent spreading fleas to other client dogs. If I am unable to pick up my dog, I will be charged a \$10 Capstar flea pill fee.

☐

I understand that **Unleashed** will always keep a clean environment for my dog(s) and will use pet friendly cleaning products.

☐

I understand that there are risks and benefits associated with group socialization of dogs. I agree that the benefits outweigh the risks. I understand the staff will always observe my dog(s) during group play to prevent any kind of injury. I also understand the risks of group play can cause minor nicks and scratches when dogs play rough. The staff will always point out to me when my dog has a minor nick or scratch at pick-up time.

☐

I understand if my dog(s) cause an injury to another dog in group play, **Unleashed** has the right to ban my dog from their facility at their discretion.

☐

I understand that if I don't pick up my dog(s) by 6:30 pm, **Unleashed** has the right to board my dog for the night and I will be charged a dinner feeding and boarding fee. We understand emergencies arise. Please always contact staff to notify that the pet will be picked up later than normal.

☐

I understand if my dog is boarding with **Unleashed**, and I do not provide my dog with food, I will be charged a \$5 per feeding fee.

☐

I understand that **Unleashed** shall be held without fault for the injury and/or death of dog(s) in the facility due to natural causes, fire, theft, escape or unforeseen circumstances outside of reasonable control while within our care.

Signature of Owner _____

Date _____

I understand that typing my name in the signature line constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.

Submit

Clear