



DECO DOGS DAYCARE,  
GROOMING & MORE  
21 BACK RIVER ROAD  
DOVER, NH 03820  
603-749-PETS  
603-749-7887 (fax)  
www.decodogs.com

Registration forms must include a copy of your dog's proof of vaccinations. We require current rabies, DHLPP, negative fecal and Bordatella (canine cough) vaccine. Dogs must wear a quick release collar.

About You:

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

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ EMail Address: \_\_\_\_\_

Spouse/Partner Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact Information - Other than yourself and your spouse/partner:

Primary Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Secondary Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

About Your Dog:

Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Neutered/Spayed: \_\_\_\_\_

Age: \_\_\_\_\_ or Date of Birth: \_\_\_\_\_ Vet: \_\_\_\_\_ Vet Phone: \_\_\_\_\_

Is your dog free of fleas? \_\_\_\_\_ What do you use for flea/tick prevention: \_\_\_\_\_

Is your dog currently taking and medication? \_\_\_\_\_ Do we need to dispense any meds during the day? \_\_\_\_\_

Describe any physical conditions that your dog has such as deafness, blindness, epilepsy, arthritis, hip or joint problems: \_\_\_\_\_

At what age did you obtain your dog? \_\_\_\_\_ Where did you get your dog? \_\_\_\_\_

Is this your first dog? \_\_\_\_\_ Do you have other dogs in your household? \_\_\_\_\_ What type & age? \_\_\_\_\_

What type of dog food do you feed? \_\_\_\_\_ How much do you feed your dog at each meal? \_\_\_\_\_

Has your dog attended daycare before? If so where and when \_\_\_\_\_

Is your dog: (please check the appropriate boxes for yes)

Friendly to people  Friendly to dogs  Toy aggressive  Shy  Crate trained  House trained  Leash/collar trained

Does your dog: (please check the appropriate boxes for yes)

Chew  Puppy Bite  Jump up  Dig  Escape  Excessively bark  Jump fences  Eat all the wrong things (toys, rocks, etc)

Please tell us anything else we should know about your dog: \_\_\_\_\_

How did you hear about Deco Dogs? \_\_\_\_\_

I understand that in the case of an emergency involving my dog/s, the staff of Deco Dogs LLC will bring my dog/s to a veterinarian. The staff will attempt to use the dog/s own vet if time and distance allow. Otherwise, the staff at Deco Dogs LLC will primarily use Dover Veterinary Hospital, The Veterinary Emergency Center of NH or any other local veterinary clinic. I authorize the vet to treat my dog. I understand that all veterinary fees and charges are my responsibility and NOT the responsibility of Deco Dogs, LLC. If my dog/s are brought to daycare with fleas, the staff at Deco Dogs LLC will treat my dog with a flea bath at my expense. I understand that if I do not pick up my dog before 6:00 pm, I will be charged a late fee. I understand that if I do not call to cancel regularly scheduled daycare before 8:30 am on the scheduled day, I will be charged for that day.

Signature \_\_\_\_\_

Date \_\_\_\_\_

WAIVER, ASSUMPTION OF RISK, AND AGREEMENT TO INDEMNIFY AND HOLD HARMLESS

I understand that attendance at a dog service facility is not without risk to my dog/s, myself, members of my family or guests who may attend. Any dog/s to which I (we) may be exposed may be difficult to control and may be the cause of injury even when handled with the greatest amount of care.

I understand that my dog/s will participate in group dog playgroup daycare program. I understand that even with extreme care in choosing groups and monitoring play sessions, that injuries can happen. I hereby agree to indemnify and hold harmless Deco Dogs Daycare, LLC, its employees, owners, agents, and other dog owners from any and all claims, or claims made by any member of my family or any other person in relation to any and all injuries that may occur.

I hereby waive and release Deco Dogs Daycare, LLC, its employees, owners, and agents from any and all liability of any nature, for injury or damage which I or my dog/s may suffer, including specifically, but not without limitation, any injury or damage resulting from the action of any dog/s. I expressly assume the risk of any such damage or injury while attending any daycare, grooming, training, program, or other function of Deco Dogs Daycare, LLC, or while on the grounds or the surrounding area.

If my dog/s becomes ill or injured, I hereby waive and release agents for Deco Dogs Daycare, LLC, its employees, owners, and agents from loss or damage from disease, death, escape, theft, fire, injury, injury to persons, other dogs or property by said dog/s, or other unavoidable causes.

If a dog/s is left unclaimed, Deco Dogs Daycare, LLC retains the right, after 5 days and after written notice to the owner's address of record, to find suitable permanent housing, turn over to a local animal shelter, or dispose of said dog in a humane way. All expenses during this holding period will be the owner's liability regardless of the end result.

I represent that I am the legal owner of said dog/s, that title to said dog is not mortgaged in any way, and that said dog/s has not been exposed to distemper, rabies, kennel cough, parvovirus, or other known contagious diseases within the last thirty days. I also attest that said dog/s is free of worms, heartworm, and fleas (if fleas are found, bathing will be done at the owners expense).

I agree to all of the above and that this contract is in effect beginning on the date below and shall remain in effect on all future dates that said dog/s attends daycare, grooming, training or any other Deco Dogs Daycare, LLC function.

Signature of owner/s \_\_\_\_\_ Date \_\_\_\_\_

Signature of owner/s \_\_\_\_\_ Date \_\_\_\_\_