

MIDTOWN DOGGY DAYCARE AND AQUATIC SPA 713-52-DOGGY

DAYCARE RESERVATION REQUEST

OWNER'S NAME	
PET'S NAME(S)	

DAYCARE DATE	DATE:	TIME:
DEPART TIME	TIME:	

Has your dog ever boarded/attended Midtown Doggy Daycare and Aquatic Spa? Yes No
 Does your dog have an I.D. tag? Yes No * Dog tags are required and should not be on choke/pinch collars.

Check one of the following:

Neutered Male Spayed Female Unaltered, under 8 months old
 (dogs over 8 months old must be neutered or spayed)

Method of flea control: _____ * all dogs must be treated for flea control

If fleas are present, your pet will not be checked-in.

Brief Medical History

Is your dog housebroken? Yes No

Has your dog ever had a kennel cough/infections? Yes No

If yes, when? _____ Was veterinarian treatment rendered? Yes No

Does your dog cough, sneeze, wheeze, or exhibit any asthmatic symptoms? Yes No

Have/ Had seizure(s)? Yes No if yes, When? _____ How often? _____

On seizure medication? Yes No If yes, How long? _____

Doggy's Behavioral History

Has your dog ever bitten a person or another dog? Yes No If yes, When? _____

If yes, Please explain: _____

Has your dog ever exhibited aggressive behavior towards people or other dogs? Yes No

If yes, please explain: _____

Has your dog ever been bitten or attacked by another dog, or been abused? Yes No

If yes, please explain: _____

**PLEASE FAX OR E-MAIL THIS FORM AND A COMPLETED CREDIT AUTHORIZATION FORM.
 FAX: 713-521-PETS (7387) MIDTOWNDOGGYDAYCARE@YAHOO.COM**

IMPORTANT: YOUR RESERVATION IS NOT CONFIRMED UNTIL YOU RECEIVE AN E-MAIL OR PHONE CONFIRMATION FOR THE SPECIFIC DATE(S) YOU HAVE REQUESTED. A VALID CREDIT/DEBT CARD IS REQUIRED TO CONFIRM YOUR RESERVATION.