

**MIDTOWN DOGGY DAYCARE  
AND AQUATIC SPA  
713-52-DOGGY  
NEW CLIENT INFORMATION**

WELCOME to Midtown Doggy Daycare and Aquatic Spa. We look forward to meeting you and your special canine. One of our staff will contact you within 24 hours to confirm the information you have submitted. Should you have questions, please contact us at 713-52-Doggy

OWNER INFORMATION	
Name:	Home Phone:
Address:	Work Phone:
City, State, Zip	Cell Phone:
E: Mail:	Emergency Phone:
<p>How did you find out about Midtown Doggy Daycare?</p> <p style="text-align: center;"> <input type="checkbox"/> Advertisement             <input type="checkbox"/> Business Relationship             <input type="checkbox"/> Client/Friend             <input type="checkbox"/> Charity Auction  <input type="checkbox"/> Drive By             <input type="checkbox"/> Pet Professional             <input type="checkbox"/> Special Event             <input type="checkbox"/> Veterinarian             <input type="checkbox"/> Website  <input type="checkbox"/> Yellow Pages         </p>	

PET INFORMATION					
1 <sup>st</sup> Pet Name:		2 <sup>nd</sup> Pet Name:		3 <sup>rd</sup> Pet Name:	
Breed:		Breed:		Breed:	
Color:	Weight:	Color:	Weight:	Color:	Weight:
Male <input type="checkbox"/>	Neutered <input type="checkbox"/>	Male <input type="checkbox"/>	Neutered <input type="checkbox"/>	Male <input type="checkbox"/>	Neutered <input type="checkbox"/>
Female <input type="checkbox"/>	Spayed <input type="checkbox"/>	Female <input type="checkbox"/>	Spayed <input type="checkbox"/>	Female <input type="checkbox"/>	Spayed <input type="checkbox"/>
DOB ____/____/____		DOB ____/____/____		DOB ____/____/____	

Medical Emergency Information
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Vaccinations: We require proof of these vaccinations. Please fax the current vaccination records to MDDS regarding Rabies, DHLPP, Parvo, Bordetella and fecal exam.

Veterinarian's Name/Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Please describe any medical or physical ailments (including seizures, separation anxiety, arthritis, thunder phobia, weak stomach, allergies, etc.). Due to the nature of some medications and physical ailments, MDDS reserves the right to refuse service.

**List of Medications and Instructions:**

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- Is your pet a jumper?  Yes  No if yes, in what situations? Please Describe: \_\_\_\_\_.
- Is your pet voice command trained?  Yes  No if yes, which commands does he/she respond to? Describe: \_\_\_\_\_.
- Are there any other qualities, quirks or idiosyncrasies that we should know about your pet? Describe: \_\_\_\_\_.
- Does your doggie have a history of chewing or destructive habits?  Yes  No

Emergency Contact (if other than Owner):

Name: \_\_\_\_\_ Phone:(\_\_\_\_)\_\_\_\_\_ Email: \_\_\_\_\_

Midtown Doggy Daycare and Aquatic Spa will release your dog to the following person(s) with proper I.D.: \_\_\_\_\_

By checking here, you may verbally (in person) or in writing (by facsimile or otherwise) request that Midtown Doggy Daycare and Aquatic Spa release your dog to someone other than the person(s) listed above. You release Midtown Doggy Care and Aquatic Spa of and from any and all responsibility for releasing your dog to any person Midtown Doggy Daycare and Aquatic Spa believes to be authorized by yourself.

Please list any instructions:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**If in our judgment, your dog requires medical care,** you agree to be solely responsible for the payment of all medical bills for your dog and you release Midtown Doggy Daycare and Aquatic Spa, its officers, directors, agents, and employees (“Midtown Doggy Daycare and Aquatic Spa”) of and from any and all responsibility for, or claims, damages, debts, arising out of or related to such medical care, including but not limited to, transportation to/from the veterinarian clinic and choice of veterinarian or animal hospital. **Initials:** \_\_\_\_\_. MDDS will make all attempts to contact you in the event of an emergency.

**Owner’s Signature:** \_\_\_\_\_

Please Fax form to: **713-521-PETS (7387)** or E-mail form to:  
[midtowndoggydaycare@yahoo.com](mailto:midtowndoggydaycare@yahoo.com)