



Tail Waggerz Enrollment Form Must Be Accompanied By:

- Proof of spay or neuter for any dog over eight months of age
- Vaccination records for:
 - Rabies (**MUST INCLUDE RABIES CERTIFICATE**)
 - Bordetella (EVERY SIX MONTHS)
 - Leptospirosis
 - Distemper*
 - Canine Parvovirus*
 - Parainfluenza*
 - Canine Adenovirus 2*

*Most commonly administered as a combo vaccine listed as "DHPP" on vet records.

Records may be faxed to: 617-467-4705, or emailed to tailwaggerz@hotmail.com



TAILWAGGERZ

Enrollment Information

Date: ____/____/____

Daycare & Boarding

Tel: 617-340-2163

Grooming & Training

Tel: 617-467-4664

Fax: 617-467-4705

Email: tailwaggerz@hotmail.com

Dog Information

Dog Name: _____

Breed: _____

D.O.B. ____/____/____ Sex: _____ Spay/Neuter? Y N

Primary Owner Contact

Full Name: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Phone Numbers for Primary Contact

Mobile: _____

Home: _____

Work: _____

Email Address: _____

Secondary Owner Contact

Full Name: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Phone Numbers for Secondary Contact

Mobile: _____

Home: _____

Work: _____

Email Address: _____



Permission for Care



We at Tail Waggerz Pet Care Inc. do our very best to ensure a safe and fun environment for all dogs in our care. Interviewing the dogs, constant supervision, and separation by size and/or temperament are some of the precautions that are taken. We find the benefits of dog socialization can make all the difference in a dog's life.

I _____ give permission to Tail Waggerz Pet Care Inc. and their associates to care for my dog.

By signing this document I agree that Tail Waggerz Pet Care Inc. and their associates are not responsible financially or otherwise for any injuries my dog sustains while in their care whether severe or superficial. I understand that if my dog needs medical attention while in the care of Tail Waggerz Pet Care Inc. I will be notified to pick up my dog and bring him/her to a veterinary hospital. Should I be unreachable Tail Waggerz Pet Care Inc and their associate will contact the people I have listed as my dog's emergency contact(s) and request that person(s) pick up my dog and bring him/her to a veterinary hospital. Should Tail Waggerz Pet Care Inc. be unable to reach myself or my emergency contacts I understand that my dog will be brought by a Tail Waggerz Pet Care Inc. employee or associate to a veterinary hospital and I will be responsible for paying any medical bills incurred either directly to the hospital or to Tail Waggerz Pet Care Inc. as reimbursement should they be required to pay the hospital upon services rendered. I understand that Tail Waggerz Pet Care reserves the right to terminate service immediately, at any time, for any reason. Any balance due to Tail Waggerz Pet Care Inc. upon termination of service will be paid in full within 10 days of receiving my final invoice.

Print Name

Signature

Date: _____