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
- Bordetella (Every 6 mos)
- Distemper*
- Canine Parvovirus*
- Parainfluenza*
- Canine Adenovirus 2*

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

For Puppies Who Have Not Yet Received All Vaccinations Please Call And Ask To Speak To a Manager.

Records may be faxed to: 617-467-4705

Enrollment Information

Tel: 617-340-2163
Fax: 617-467-4705
Email: tailwaggerz@hotmail.com

Date: ___/___/___

Dog Information

Dog Name: _____ Breed: _____

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

Primary Owner Contact

(One individual. Additional owners and contacts on next page)

Full Name: _____

Address: _____ City: _____ State: _____ Zipcode: _____

Phone Numbers for Primary Contact

Mobile: _____

Home: _____

Work: _____

Email Address:_____

How did you hear about us? _____
_____

Additional Contacts

Name:_____ Tel:_____
Name:_____ Tel:_____
Name:_____ Tel:_____

VETERINARY INFORMATION

Name of Animal Hospital: _____
Doctor's Name: _____
Phone Number: _____

MEDICAL CONDITIONS:
If your pet has any medical conditions or allergies please list them below with specific care instructions.

_____
_____
_____
_____
_____
_____

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. my dog will be brought to a veterinary hospital and I will be responsible for paying any medical bills incurred. I understand that Tail Waggerz Pet Care reserves the right to terminate service immediately for any reason. Any balance due to Tail Waggerz Pet Care Inc. upon termination of service will need to be paid in full within 10 days of receiving my final invoice.

_____

Print Name

_____

Signature

Date: _____