



## 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**)

*Rabies Certificate must include:*

*owner's name and address; a description of the animal, including breed, sex, age, name and distinctive markings; date of vaccination; rabies vaccination tag number; type of rabies vaccine used; route of vaccination; expiration date of the vaccine; and the vaccine lot number.*

- Bordetella (Recommended every six months, required annually)
- Distemper\*
- Canine Parvovirus\*
- Parainfluenza\*
- Canine Adenovirus 2\*

*\*Most commonly administered as a combo vaccine.*

- **ALL DOGS MUST: Wear a “Side Release” style collar with their name clearly written on a name tag or directly on the collar. (See Below)**





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: \_\_\_\_\_





## 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.

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Print Name

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Signature

Date: \_\_\_\_\_