

# PUPPINGHAM *Palace*

16540 Manchester Rd.  
Wildwood, MO 63040  
(636)273-1115

## Dog Daycare Agreement

All information is confidential and used only for Puppington Palace and its staff to better care for your pet.

### **Owner information:**

Owner's Name \_\_\_\_\_

Address \_\_\_\_\_

City and Zip code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

### Emergency Contact Information

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Authorized person(s) to pick your dog up other than yourself \_\_\_\_\_

### **Dog Information:**

Dog Name \_\_\_\_\_ Birth/"Gotcha" Day \_\_\_\_\_

Dog Name \_\_\_\_\_ Birth/"Gotcha" Day \_\_\_\_\_

Dog Name \_\_\_\_\_ Birth/"Gotcha" Day \_\_\_\_\_

Dog Name \_\_\_\_\_ Birth/"Gotcha" Day \_\_\_\_\_

My dog is a:

Neutered Male \_\_\_ Spayed Female \_\_\_ Unaltered and under 7 months \_\_\_

Breed: \_\_\_\_\_ Weight \_\_\_ lbs. Color \_\_\_\_\_

Method of Flea/Tick control \_\_\_\_\_ (All dogs must be on a flea prevention and free of fleas)

Has your dog ever attended doggy daycare? \_\_\_\_\_ If so, where? \_\_\_\_\_

How did you hear about Puppington Palace? \_\_\_\_\_

Are there any medical or behavioral issues or concerns we should be aware of, and if so please describe? (IE, fear of storms, guards toys, chewer)

Does your dog have any medical conditions, allergies or physical limitations and if so please describe? \_\_\_\_\_

Has your dog ever bitten or attacked another dog or person? \_\_\_\_\_

Has your dog ever exhibited aggressive behavior toward a person or other dog and if so when and why? \_\_\_\_\_