

For Office Use:
Daycare: _____
Boarding: _____
Groom: _____



For Office Use:
Rab: _____
Bord: _____
Dis: _____

THE DOG STAY
*Let Our Family
Take Care of Yours*

The Dog Stay
8122 Georgia Avenue, Silver Spring, MD 20901
240 – 491 – 5858

Owner Information

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell: _____ Home: _____

Work Phone: _____

Email: _____

Emergency Contact: _____

Emergency Phone: _____

Veterinarian: _____

Veterinarian Phone: _____

May we contact your vet for vaccination records? YES NO

How did you hear about us? _____

Pet Profile

Name: _____ Breed: _____

Color: _____ Sex: _____ Age: _____

Neutered/Spayed (Yes or No): _____ Birthday: _____



Owner Agreement

I understand and agree that *(please initial each statement)*:

_____ (1) All information that I have provided to The Dog Stay is accurate and complete to the best of my knowledge including but not limited to the health and temperament of my dog;

_____ (2) The Dog Stay may seek immediate emergency veterinary care for my dog in the event that I am not immediately available by telephone. I am fully responsible for payment of all related costs;

_____ (3) There are inherent risks to open area environments for dogs and I will not hold The Dog Stay or its employees liable for any claims related (but not limited) to transfer of communicable illness, injuries (either to or caused by my dog) or behavioral problems;

_____ (4) I have received information regarding fees and hours of operation and agree to make payment when due, including any applicable late fees;

_____ (5) The Dog Stay in the interest of preserving the safety and comfort of its dogs and employees reserves the right to remove permanently a dog from daycare or open area boarding at any time (including, but not limited to, crating my dog for the duration of its stay); and

_____ (6) The Dog Stay may use photographs of my dog for marketing purposes.

Signature of Owner: _____

Print Name: _____

Date: _____