

**DogWatch  
Doggie Day Care  
Client Release**

**Your Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Pager: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Vet Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

**Emergency Contact (other than vet):**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

**Dog's/Cat's name, breed and age** (please include their birthday):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medical History:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medication:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Special Instructions:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Is your dog allowed to have biscuits?** Yes: \_\_\_\_\_ No: \_\_\_\_\_ **Is your cat allowed treats?** Yes: \_\_\_\_\_ No: \_\_\_\_\_

As owner of the above said pet(s), I hereby give consent for emergency medical care as prescribed by a duly licensed veterinarian. This care may be given under whatever conditions are necessary to preserve life, limb or well being of my pet.

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_