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Email: dogaholics@shaw.ca www.dogaholics.ca

**Boarding and Daycare Profile and Release Form**

Last Name \_\_\_\_\_ Pet Name \_\_\_\_\_  
First Name \_\_\_\_\_ Breed \_\_\_\_\_  
Address \_\_\_\_\_ Color(s) \_\_\_\_\_  
\_\_\_\_\_ Spayed /Neutered? Yes No  
\_\_\_\_\_ Sex: M F  
Home # \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Work # \_\_\_\_\_ Vet Clinic \_\_\_\_\_  
Cell # \_\_\_\_\_ Vet Phone # \_\_\_\_\_  
Other# \_\_\_\_\_ Vet Name \_\_\_\_\_  
Email \_\_\_\_\_

**Emergency Contact (Name/Phone #)** \_\_\_\_\_

Please circle all that apply, please Explain in detail below

**Allergies Noisy (Excessive Barking) Biter Fence Climber Toy Aggression**

**Aggressive Towards People Aggressive towards other Dogs/Animals**

**Other (please specify below)**

\_\_\_\_\_

**Pet Release**

I certify that I am the agent of this pet. I hereby grant this establishment, Dogaholics Services Inc, to act in my behalf, and in my pet's best interest, by obtaining veterinary care at my expense, if deemed necessary, for all illness, injury or death. I further agree to pay all other services incurred by and for my pet during its stay at this facility. This includes any injury or damage to a person, place object or animal. This boarding facility agrees to exercise all due and responsible care to prevent injury, illness, death and damage to and from my pet; however, in the event of illness, death or damage, this facility, owners, successors, directors, staff, agents or volunteers, shall not be held liable. I agree that all boarding and daycare fees must be paid in full on the day of pickup of my pet. I agree to pay all costs for any property damage or personal injury caused by or for my pet the day of pickup of my pet, and I understand my pet may not leave the premises until all charges are paid for in full. I understand that any animal left for five (5) days beyond the pick up date may be adopted by a third party at the discretion of this establishment, Dogaholics Services Inc.

Signature \_\_\_\_\_

Name (please print) \_\_\_\_\_ Date \_\_\_\_\_