



Training Application

Owner Information	
Name:	
Home Address:	
City, State, Zip:	
Home Phone #	Cell Phone #
Work Phone #	Employer
Email Address:	

Dog Information	
Dog #1 Name: _____	
<input type="checkbox"/> Male <input type="checkbox"/> Female	
Breed:	Age:
Birthday:	Color:
Spayed or Neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No	Weight:
Micro Chip #	License #
Dog #2 Name: _____	
<input type="checkbox"/> Male <input type="checkbox"/> Female	
Breed:	Age:
Birthday:	Color:
Spayed or Neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No	Weight:
Micro Chip #	License #

How did you hear about us? (We like to reward referrals!)

Veterinarian Information
Practice/Doctor's Name:
Phone Number:

Canine Creature Comforts
 81 Lancaster Ave
 Malvern, PA 19355
 (610)296-8407
www.CanineCreatureComforts.com

Have you used a kennel in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, which kennel?
Have you used a pet sitter in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, which pet sitting service?
www.CanineCreatureComforts.com
Vaccinations (Attach or fax to 610-296-8409)
Required Vaccinations
Rabies
DHPPV
Bordetella
Please Attach Vet Records or Fax to 610-296-8409

1.*I understand that I am responsible for any harm caused by my dog while my dog is attending Canine Creature Comforts Dog Daycare. I shall indemnify Five Dogs, LLC dba Canine Creature Comforts against any claims made against the corporation or losses or damages of any kind suffered by Canine Creature Comforts as a result of my failure to inform Canine Creature Comforts of any pre-existing condition the dog may have (such as illness or aggression problems.) I understand and agree that in admitting my dog to Canine Creature Comforts, the facility has relied on my representation that my dog is in good health and has not harmed or shown aggressive or threatening behavior towards any person or any other dog.

2.*I understand and agree that Canine Creature Comforts will not be liable for problems, damage, or injury caused by my dog provided reasonable care and precautions are followed by day care staff. I understand that Canine Creature Comforts is fully insured. I release Canine Creature Comforts of any liability arising from my dog's attendance and participation at the daycare. I understand that the day care is a place where animals co-mingle in groups. I understand my animal may be placed in a crate for "time outs" not to exceed twenty minutes or if injured. Squirt water bottles and citronella bark collars are used for correction. In extreme cases dogs may be placed in a gentle leader or muzzled for their protection or the protection of others or for excessive barking. I understand that when dogs play in group's nicks and scratches may occur. If the injury is not serious, staff will make a judgment call and feel it is ok to leave the dog until the end of the day and let me know about it when I pick up. If the injury is serious I will be notified immediately.

3.*I understand and agree that any problem or injury that develops with my dog will be treated as deemed best by Canine Creature Comforts. My veterinarian will be contacted first and if unavailable, an associated veterinarian will be contacted in the event of a medical problem that is serious in nature.

4.*I understand that if my dog is left at the day care for a period of three days without contact from the owner this dog will be considered abandoned and necessary steps will be taken to turn the animal over to the proper authorities.

5. *I recognize that there are inherent risks of illness or injury when dealing with animals. Such risks include, but are not limited to, problems resulting from rough play and kennel cough (doggie colds).

6. *I, as the owner, agree to be solely responsible for any and all acts or behavior or my pet while in the care of Canine Creature Comforts. If my pet should become ill or seem to be in need of medical consideration, Canine Creature Comforts reserves the right to administer aid and/or to use any available veterinarian. I, the owner, shall pay any expenses so incurred.

7. I hereby give permission for images of my dog(s), captured during visits to Canine Creature Comforts, Inc. through video, photo and digital camera, to be used solely for the purposes of Canine Creature Comforts, Inc. promotional material and publications, and waive any rights of compensation or ownership thereto.

Owner's Signature: _____	Date: _____
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