



Animal Care Center

at Cherry Way

Pet Personality Profile

Pet Information:

Name _____ Birth date: _____

Gender: _____ Spayed / Neutered: _____

Breed: _____ Color: _____

Additional Information:

Owner's Name _____ Contact Phone: _____

Email: _____

	Yes	No	Not Sure
Does your dog play well with other dogs? Comments: _____	_____	_____	_____
If yes, do you allow them to be with large and small dogs?	_____	_____	_____
Does your dog play well with other people? Comments: _____	_____	_____	_____
Does your dog show aggression or fear with dogs? Comments: _____	_____	_____	_____
If yes, what does your dog fear? _____			
Has your dog ever bitten another person or dog? Comments: _____	_____	_____	_____
Has your dog been in daycare before? If yes: When, where, how long and reason for leaving: Comments: _____	_____	_____	_____
Does your dog have any allergies?	_____	_____	_____
Is your dog current on flea prevention? If yes, what flea prevention product? _____	_____	_____	

	Yes	No	Not Sure
Can your dog have treats?	___	___	___
Has your dog had any obedience training?	___	___	___
If yes, when and where? _____			
What commands does your dog know? _____			
Is your dog allowed to be a part of water play time? _____	___	___	___
Comments: _____			
Please list any significant medical history (i.e. arthritis, seizures, hearing/vision loss, diabetes, heart conditions): _____			

Does Your Dog:

Act aggressively towards food?	___	___	___
Chew excessively?	___	___	___
Tend to eat/get into things?	___	___	___
Try to jump fences?	___	___	___
Try to run away/escape?	___	___	___
Act possessive of toys?	___	___	___
Jump up on people?	___	___	___
Bark excessively?	___	___	___
Obey your commands?	___	___	___
Have anxiety /nervousness?	___	___	___
Mount other dogs?	___	___	___

Special Instructions: _____

Reviewed by: _____



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Emergency Medical Form:

_____ ACC will provide veterinary care at my expense

_____ I do not want ACC to provide medical treatment, contact our regular veterinarian to take care of any medical problems

Veterinarian: _____

Phone number: _____

Emergency Contact: _____

Phone Number: _____

Please Choose One:

_____ Always contact me in case of any incident.

_____ Only contact me in case of a major incident.

_____ Do not contact me in case of an incident I will be informed at pick-up.

_____ Check if you would like us to treat if we are unable to contact you

Please note *** All emergencies will be treated immediately by ACCCW**

*****Please list any past or present health concerns:



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I, _____, certify that I am the owner or agent of the owner of _____, and that I am therefore authorized to sign this form.

I also certify that my dog(s) is (are) in good health and have not harmed or shown aggressive or threatening behavior toward any person or any other dog.

I understand that Animal Care Center at Cherry Way reserves the right to refuse use of our facilities to pets who, in Animal Care Center at Cherry Way's sole determination, act aggressively, are undisciplined, show evidence of inappropriate behavior, or who may otherwise be a danger to themselves or other animals or users.

I understand that I am solely responsible and liable for any harm, injury or other damages caused by my dog(s) while in the care of Animal Care Center at Cherry Way. I understand and agree that there are inherent risks involved while dogs are in a social group environment and engaging in dog play and related activities. I assume all risk and liability associated with such activities and my dog's participation therein. I understand and agree that Animal Care Center at Cherry Way agrees to exercise due diligence and care in providing its services. Animal Care Center at Cherry Way shall have no responsibility or liability for loss, injury or disease caused by my pet to people, other animals or property.

I understand my dog will undergo a thirty day trial period. During this trial period I understand my dog will be observed by the staff of the Animal Care Center at Cherry Way to determine if interactive daycare is best for my dog and all other dogs involved. Furthermore, I understand that if the staff of the Animal Care Center at Cherry Way determines my dog is not suitable for interactive daycare during the thirty day trial period, my dog will not be able to return to the interactive daycare at the Animal Care Center at Cherry Way.

I understand and agree that any problems which develop with my pet will be treated as deemed best by the doctors at Animal Care Center at Cherry Way at their sole discretion and that I assume full financial responsibility of any and all expenses involved (see additional form).

I agree that my dog(s) is (are) current on rabies, distemper, influenza, Bordetella **(every 6 months)**, Parvo vaccinations and flea prevention. I certify that my dog(s) is (are) spayed or neutered at or before the age of 6 months and have provided proof of this to The Animal Care Center at Cherry Way. I also agree my dog(s) has (have) tested negative for a fecal analysis for intestinal parasites, or has (have) been given Panacur or Drontal (broad spectrum intestinal parasite dewormer) within the last 365 days.

I agree that my dog is over five months of age.

I agree that my pet(s) will be picked up by 7:00pm or they will be boarded overnight at my expense.

I certify that I have read and understand the policies of Animal Care Center at Cherry Way and the conditions and statements of this Agreement.

Owner's Signature: _____

Date: _____
