

**McNally's Dog Center & Sanors Kennel  
Client Release**

**Client Information:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Cell: \_\_\_\_\_ Work # \_\_\_\_\_  
E-mail address: \_\_\_\_\_

**Vet Information:**

**Emergency Contact:** (other than spouse, vet or yourself):

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Dog's Name, Breed and DOB** (please include their age):

\_\_\_\_\_

**Medical History/Medications/Allergies:**

\_\_\_\_\_

\_\_\_\_\_

**Special Instructions:**

\_\_\_\_\_

Do you have underground fencing or a fenced in yard? Yes \_\_\_ No \_\_\_  
Is your dog allowed to run the yard unsupervised for any period of time? \_\_\_\_\_  
Is your dog allowed to have biscuits or treats? Yes \_\_\_ No \_\_\_  
Has your dog been socialized w/ other dogs? Yes \_\_\_ No \_\_\_ With both men and women? Yes \_\_\_ No \_\_\_  
Has your dog ever been in a pet carrier, cage or kennel? Yes \_\_\_ No \_\_\_  
Is your dog aggressive with strangers? Yes \_\_\_ No \_\_\_ Is your dog aggressive with other dogs? Yes \_\_\_ No \_\_\_  
Has your dog ever bitten or killed another animal to include dogs, raccoons, groundhogs, or other rodents? Yes \_\_\_ No \_\_\_  
If yes please explain. \_\_\_\_\_

Is your dog spayed or neutered? Yes \_\_\_ No \_\_\_

**Please give the dates and expiration of the following vaccinations:**

Given	Expires	Given	Expires	Given	Expires
DHLPP: _____	_____	Bordetella: _____	_____	Rabies: _____	_____

**Please check what any problems that applies to your pet:**

Dog aggressive \_\_\_ People aggressive \_\_\_ Animal or Rodent Aggressive \_\_\_ Jumps up \_\_\_ Stool eater \_\_\_  
Chews \_\_\_ Barks \_\_\_ House soils \_\_\_ Picky eater \_\_\_ Runs away \_\_\_ Unruly \_\_\_ Escapes \_\_\_  
Separation anxiety \_\_\_ High jumper \_\_\_ People aggressive \_\_\_ Toy possessive \_\_\_ People possessive \_\_\_  
Other \_\_\_\_\_

Is there anything else we need to know about your dog? \_\_\_\_\_

**How did you hear about us?** \_\_\_\_\_

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.

I have read and understand the rules and regulations on boarding and day care.

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

McNally's Dog Center Staff Signature: \_\_\_\_\_ **OVER**----->

**HOLD HARMLESS AGREEMENT**

**McNally's Dog Center & Sanors Resort**, its owner, employee(s), representative(s) or any other person(s) affiliated with the company shall hereinafter be referred to as **McNally's or Sanors**.

I, as a Client of McNally's or Sanors Resort' understand that I am solely responsible for any harm that may come to my dog while at McNally's Dog Center or Sanors Resort. I also understand that, although the dogs are watched carefully and McNally's Dog Center & Sanors Resort who **does not** take aggressive dogs, daycare can be hazardous due to dogs playing together. Dogs can get rambunctious at times and McNally's Dog Center & Sanors' Resort will not be held responsible for injuries that may occur in and out of the daycare including the transporting of animals. Therefore I hereby release McNally's Dog Center & Sanors Resort and their staff of any liabilities with my dog as well as to myself.

I further understand and agree that the staff at McNally's Dog Center & Sanors Resort has solely relied on my word that my dog is in good health and has not harmed or shown aggressive behavior toward any animals and or (rodents) or person.

I also understand that if problems arise with my dog while in McNally's Or Sanors Resort care whether medical or other, decisions will be made by McNally's Dog Center &/or Sanors Resort staff's sole discretion. **I agree that I will assume full financial responsibility for all expenses.**

I certify that my dog has not had any communicable diseases within the last 30 days and also understand that if my dog develops any communicable diseases he/she will not be allowed to attend McNally's Dog Center & Sanors Resort for at least 30 days unless a certificate of good health is given by a certified veterinarian.

Please be aware that it is not uncommon for some dogs to have little or no appetite, or an excessive appetite during and after their stay. Some dogs may also be very lethargic.

By signing this form, you acknowledge that you have read, understand and accept the terms and conditions set forth by this agreement.

Your Signature \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_/\_\_\_\_/\_\_\_\_

Your Printed Name \_\_\_\_\_

Your Dog/Dogs Name \_\_\_\_\_

McNally's or Sanor Staff Member \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_/\_\_\_\_/\_\_\_\_