

Waggin' Tails Doggie Dude Ranch & Pet Lodge  
6249 Nesbitt Road  
Madison. WI 53719  
Phone 608-271-4212 Fax 608-271-5951  
[www.waggintailspetcare.com](http://www.waggintailspetcare.com)

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### Pet's Information

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

Breed: \_\_\_\_\_

Description: \_\_\_\_\_

Age: \_\_\_\_\_

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### Owner's Information

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

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

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

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

Email \_\_\_\_\_

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### Vet Contact information

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

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

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### Referral

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

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### Emergency Contact Info

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

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

**Initial** By assigning this person as an alternate contact you authorize this person to make any medical decisions on your behalf, at your expense in the event that we cannot reach you.

**Initial** I/We certify to be the legal owner(s) or agent (hereafter referred to as “owner”) of the pet named above (hereafter referred to as “pet”)

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## Injury and Illness

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**Initial** Owner understands that certain ‘activities’ that the pet may participate in, including but not limited to: doggie daycare, boarding and/or play, involve risk to pet and possible injury and illness. This includes but is not limited to:

- Exposure to parasites, viruses, and other infectious diseases passed from pet to pet or person to pet;
- Bites, lacerations, sprains, strains, broken bones, paralysis, orthopedic injuries;
- Illness including diarrhea and vomiting, fatigue, dehydration, heatstroke, and even death.

Owner understands that pets enrolled in daycare or boarding in the Bunkhouse Room are in an open environment where pets will freely interact and may play roughly. While Waggin’ tails takes all responsible safety measures and precautions, it is understood by owner that Waggin’ Tails will not be liable for any injury or illness to pet while pet is in our care.

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## Authorization of Medical Care

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**Initial** Owner understands that if the pet becomes ill or injured during their stay, Waggin’ Tails will make every reasonable effort to reach owner pursuant to the contact information owner has provided. However, if Waggin’ Tails is unable to reach owner in a timely manner, owner consents to appropriate medical care to the pet as deemed necessary by Fitchburg Veterinary Hospital. Owner agrees to be fully financially responsible for any and all costs incurred.

If emergency situations occur, we will stabilize pet and contact owner as soon as possible. In the event of an emergency (please select one by initialing)

**Initial** Red Code: Offer no lifesaving interventions or drug therapies.

**Initial** Yellow Code: Begin lifesaving interventions, including CPR and drug administrations as deemed necessary by the DVM.

**Initial** Green Code: All possible life saving measures available including open chest CPR.

In the event that no emergency contact can be reached, we authorize up to \$ \_\_\_\_\_ before stopping care.

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### Property Loss or Damage

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**Initial** Owner further understands that any items/articles brought for use during boarding or daycare are owner's sole risk.

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### Photographs and Statements

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**Initial** Owner authorizes use of pet's visual image(s), both in print and digital format, and statements made by owner, in newsletters, posters, and other materials, both physical and digital.

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### Property Loss or Damage

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**Initial** Owner further understands that any items/articles brought for use during boarding or daycare are at owner's sole risk.

Owner guarantees that pet is in good health (unless otherwise disclosed below) and is fully vaccinated, including Rabies, Bordetella, and DA2PP/DHPP vaccines, and flea/tick prevention at least 48 hours prior to boarding or daycare. Owner certifies that to their knowledge pet have a history of fighting or aggression and has never bitten a human or other pet (unless otherwise disclosed below).

If action at law to inequity is necessary to inforce the terms of this agreement, Waggin' Tails Doggie Dude Ranch and Pet Lodge shall be entitled to reasonable attorney's fees, costs, and necessary disbursements in addition to any fees to which said parties may be entitled.

Disclosure of medical conditions, illness, and/or behavioral Issues:

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I have read and agree with all terms of this agreement.

\*Please sign and date.

X  
\_\_\_\_\_  
Printed Name

X  
\_\_\_\_\_  
Signature