**The Yuppy Puppy, LLC.**

Registration form, updated July 2020

**Pet Information**

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

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

Sex: Male Female

Spayed/Neutered: Yes No

D.O.B. (est.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Weight: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Vet Information:**

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

Rabies Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Owner Information**

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

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip \_\_\_\_\_\_\_\_\_\_\_

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

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

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

Alt. Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How would you like to receive reminder notices? (OK to check multiples).**

Phone Email Text

Waiver of Liability

I certify that my dog has never been aggressive to people or other dogs, is current on all vaccinations including Rabies, and is currently in good health. I understand that I am solely responsible for any harm caused to other dogs or to humans by my dog.

I understand that “The Yuppy Puppy, LLC,” its owners and employees will take appropriate care of my pet and do their best to provide a safe environment for them while in their care. I hold harmless “The Yuppy Puppy, LLC,” Aquila Brown, Gavin Brown and all employees of “The Yuppy Puppy, LLC” if any injury or death happens to my dog while in their care. I also give “The Yuppy Puppy, LLC” permission to take my dog to an appropriate Veterinary Clinic in case of an emergency while in their care. I will pay for any Veterinary Service at my expense. I will pay for these expenses if it is an Act of God or an injury on the property at 9511 N. Newport Hwy., Spokane WA 99218 or 830 W Sprague Ave., Spokane, WA 99201. I understand that accidents do happen. I will waive any lawsuits or attorney fees.

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

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

**I have read and agree to the grooming and/or daycare policies** (please circle) **as listed on** [**www.yuppypuppyspokane.com**](http://www.yuppypuppyspokane.com) **and posted in the Yuppy Puppy brick and mortar locations:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_(initial)

***Health Issues we should be made aware of:***

Siezures Deaf Blind Diabetic

Allergies (food) (fragrance) (other)