

HappyDogz
(HappyTailz of Madison, Inc.)
Application

Owner Information

Name

Address

City

State

Zip

Home Phone

Work Phone

Email Address (if you would like to notified
via email when your credit is out)

Pet Information

Name

Breed

Sex

Date of Birth

Age

Is your pet spayed or neutered? Y N

Allergies

Medications taken

Obedience commands known

Veterinarian

Name

Clinic

Address (if not a Madison area clinic)

Phone (if not a Madison area clinic)

My dog will be attending (Please circle one):

Fitchburg Middleton

Both Locations

Emergency contact (in case we are unable to contact you)

Name

Phone number

Relation

Where did you hear about us? _____

Additional Information

HappyDogz
(HappyTailz of Madison, Inc.)

Health and Temperament Certification

I, _____, hereby certify that my dog(s),
_____ are in good health and have had no communicable diseases in the last 30 days.

I further certify that my dog(s) have not bitten, harmed or shown any threatening behavior towards any person of animal.

Vaccinations:

Vaccination	Expiration Date
DHLPP	
Rabies	
Bordatella (Kennel Cough Vaccine)	

By signing this, I certify that all the above information is true to the best of my knowledge.

Signature Date

***PLEASE BRING OR FAX UP-TO-DATE VACCINATION RECORDS
TO US BEFORE OR ON THE DUE DATES! THANK YOU!***

HappyDogz
(HappyTailz of Madison, Inc.)
Agreement

1. I understand that HappyTailz of Madison, Inc. cannot be held responsible for any injury incurred by my dog(s).
2. I understand that I am solely responsible for any injury incurred by my dog(s) or any damages or injuries caused by my dog(s) while in the HappyDogz facility.
3. I certify that my dog is in good health with no communicable diseases and that my dog is being admitted based on this representation.
4. I certify that my dog has never harmed or threatened anyone or any animal and that my dog is being admitted based on this representation.
5. I further understand and agree that HappyDogz and their staff are not liable for any problems that might develop provided reasonable care and precautions are followed, and I hereby release them of liability of any kind whatsoever arising from my dog(s) use of the HappyDogz facility.
6. I further understand and agree that any problem that develops with my dog(s) will be treated as deemed best by HappyDogz, in their sole decision, and assume all financial responsibility for all expenses incurred.

I certify that I have read and understand all the regulations set forth preceding this and that I have read and understand this agreement. I agree to abide by the regulations, and accept all the terms, conditions, and statements of this agreement and the information packet.

Name(s) of Dog(s)

Signature

Date