

Eclipse Play Care Form

Contact Information

Name: _____

Address: _____

City: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail: _____

Emergency Contact Information

Name: _____ Relation: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail: _____

Pet Information

Name: _____ Breed: _____ Age: _____

Weight: _____ M/F (circle one)

Veterinarian Information

Name of Vet: _____

Address: _____

Phone Number: _____

Medical Release Form

In order for us to ensure your pet's utmost safety, we require all of our parents to sign this form: I, _____ give the staff at Eclipse Play Care the right to take my pet(s) _____ to a licensed veterinarian in case of a medical emergency. Also, I agree that I am financially responsible for whatever medical treatment my pet must receive in case of an emergency.

Eclipse Play Care
110 S. Villa Ave.
Villa Park, IL. 60181

General Pet Information

Does your pet have any allergies? If so, to what, and how severe:

Is your pet able to have other treats? _____

Is your pet up to date with all vaccinations? _____

Is your pet on heartworm prevention? _____

Is your pet on flea medication? _____

Does your pet have any restrictions such as hip dysplasia or other form of ailment that might need to be addressed while he or she is with us (such as play restrictions)?

Pets Behavior

Is your pet afraid of any noises? (thunder, trains, vacuums etc.) _____

If you plan to board your pet, does he sleep in a crate at home, in a dog bed, or in your bed?

Has your pet ever growled at someone? If so why?

Has your pet ever bitten someone? If so why? _____

Has your pet ever been in a dog fight? If so what were the circumstances?

Is there any other information about your pet that might be helpful?

I authorize Eclipse to share pictures of my pet on social media and for advertising purposes.

Yes No