



6120 S Howell Ave
Milwaukee, WI 53207
414-766-1100

Daycare Registration

Parent's Information:

***Pet University LLC retains the rights to any photos/video taken during campus visits for advertisement or educational purposes.**

Name: _____

Address: _____ City: _____

Zip: _____ Email: _____

Cell Phone: _____

Home Phone: _____

Emergency Contact: _____

Phone: _____

How did you hear about us? _____

If referred, please provide name: _____

Student Information:

Student 1:

Name: _____ Breed: _____

Color: _____ Male / Female Neutered / Spayed

Weight: _____ Age: _____

Student 2:

Name: _____ Breed: _____

Color: _____ Male / Female Neutered / Spayed

Weight: _____ Age: _____

Has your dog been to another daycare previously? If yes, describe where, when, and your reason for leaving? _____

Vaccination/Medical History

Veterinarian: _____

Phone: _____

Rabies due: _____ Distemper due: _____ Bordatella due: _____

Yearly Heartworm? yes no

Flea/Tick Medication? yes no

Microchip yes no

Describe any medical/health issues we need to be aware of?

Medications: yes no

Name of medication: _____

Time given: _____

Quantity given: _____

Feedings:

Name of Food: _____

Time given: _____

Quantity given: _____

EMERGENCY VETERINARIAN AUTHORIZATION

In case of emergency, Pet U has permission to transfer your pet to a caregiver of its choice. By signing below, I am authorizing Pet U to begin emergency service for my pet. I understand the Pet U will make every attempt to contact me prior to starting service. If you do not provide this information, Pet U will make the decision regarding your pet's care, and you will be billed for the amount the service dictates. You must sign below for your application to be valid, and your signature below indicates that you agree to these terms.

Signature _____

Date _____

I have received a copy of Pet University's Terms and Conditions

Parent's Signature

Date