



Owner Name (#1): _____ Owner Name (#2): _____

Address: _____

Home Phone: _____ Work Phone (#1): _____ Work Phone(#2): _____

Mobile Phone (#1): _____ Mobile Phone (#2): _____

Email Address: _____ Email Address: _____

Emergency Contact: Information

Emergency Contact: _____ Emergency Phone: _____

Dog #1's Name: _____

Breed: _____ Birth Date & Yr: _____ Gender?: _____

Has your pet been (please circle): Spayed Neutered

Dog #2's Name: _____

Breed: _____ Birth Date & Yr: _____ Gender?: _____

Has your pet been (please circle): Spayed Neutered

Veterinary Clinic: _____ City: _____ Phone: _____

Dates of Vaccinations

Dog #1:

Rabies: _____ DHLPP: _____ Bordetella: _____

Dog #2:

Rabies: _____ DHLPP: _____ Bordetella: _____

Please explain briefly, and other comments you think might be of interest, or even humorous for that matter! An aggressive, afraid, or shy reaction can be quite normal and is not necessarily grounds for disqualification. These details will help Paws Place better determine your pet's personality and how much work might be required to help them become acclimated to a new environment.

Special Needs:

Is your pet currently taking any medications? If so, please list followed by dosage and administering procedure:

Is your pet on a special diet? If so, please advise:

Are there any medical concerns, or disabilities, that we should be aware of? If so, please advise:

To the best of your knowledge, does your pet have any food/treat/toy aggression (with people or dogs)? If so, please describe:

Has your pet been through any obedience training? If so, please advise the type of class and when:

What corrective disciplinary measures have you used with your pet? (i.e., water/vinegar, noise maker, verbal commands):

Has your pet been exposed to other dogs? If so, please describe your dog's behavior:

Has your pet been exposed to other people? If so, please describe your dog's behavior:

Has your pet been exposed to unfamiliar territory (i.e., park, beach, kennel, another home)? If so, please describe your dog's behavior:

What favorite games does your pet like to play?

Does your pet have any special toys?

Comments, Boasting &/or Praise:

How did you hear about us?

Signature: _____ Date: _____

Authorization for Emergency Medical Treatment

The undersigned Owner, or authorized agent, of the pet(s) named _____ hereby authorizes a licensed veterinarian, and whomever may be designated as assistants, to administer such treatments and to perform such procedures as are considered therapeutically or diagnostically necessary for the care of my animal, including the administration of anesthesia.

In the event that emergency treatment is required, I authorize the veterinary staff and their assistants to perform medical and surgical treatments necessary to preserve the life of my pet(s) until I can be contacted for further authorization.

I understand that no guarantee of successful treatment is made. I accept full financial responsibility for the treatment of my pet(s), and I understand that payment in full is due upon release of the pet(s) from the veterinary hospital, or when service is otherwise finished or discontinued. I understand that I am entitled to a written estimate of charges at my request.

Veterinary service is provided during nighttime hours as necessary in the judgment of the veterinarian in charge. Continuous presence of qualified personnel may not be provided.

I certify that I have read and fully understand this authorization for emergency medical treatment, the reasons why such treatment is considered necessary, as well as the advantages and possible complications.

I hereby release Paws Place and all staff from any and all claims arising out of such an emergency situation.

I Represent That I Have Made Full Disclosure And Have Read, Understand, And Accept The Terms And Conditions Stated In This Agreement, And Acknowledge That This Agreement Shall Be Effective And Binding Upon The Parties.

Owner's Signature: _____ Date: _____
(If under 18, parent or guardian must sign)

Boarding Agreement

Agreement made on _____, 20____, by and between Paws Place and _____owner(s)
of pet(s) named _____.

1. OWNER REPRESENTATIONS

Owner represents that their pet(s) is in all respects healthy and has received all required vaccinations, and that said pet(s) does not suffer from any disability, illness, or condition which could affect said pet(s), other pet(s), or kennel staff's safety at Paws Place.

2. ACKNOWLEDGEMENT OF RISKS AND RESPONSIBILITIES

I, the undersigned, recognize that there is an inherent risk of injury or illness in any environment associated with cageless/social dog sitting and dog walking. I also recognize that such risks include, without limitation, injuries or illnesses resulting from fights, rough play, contagious diseases, unwanted pregnancies, outside food scraps, and uncontrolled dogs on the street and in parks, and traffic accidents. Knowing these inherent risks and dangers, I warrant that I, or the Owner for whom I am signing as adult guardian, will abide by all safety rules and instructions.

I agree by this contract to assume full responsibility and hold Paws Place, California, its agents or employees harmless for said pet(s) illness, bodily injury, death, or other damage as a result of any incident including my or other's negligence, except to the extent that damage or injury may be due to the willful misconduct of Paws Place. I further agree to hold Paws Place harmless and indemnify it against all defense costs, fees and business losses resulting from any claim I may make or cause to be made against Paws Place, for which it, its agents, or employees are not ultimately held to be legally responsible.

3. OWNER LIABILITY

I, the undersigned, expressly agree to be held responsible for any damage or cost incurred by my pet, including medical costs, destruction of equipment, materials, structures or property.

4. LIMITATIONS ON SOCIAL BOARDING & CANINE DAYCARE

I, the undersigned, understand that if my dog displays aggressive behavior, that for the safety and health of my dog and others, and depending on severity, my pet(s) will discontinue attending Paws Place, or be confined to a kennel, or separate room (with walks), for the remainder of his/her stay with no offset or deduction in price.

I Represent That I Have Made Full Disclosure And Have Read, Understand, And Accept The Terms And Conditions Stated In This Agreement, And Acknowledge That This Agreement Shall Be Effective And Binding Upon The Parties.

Owner's Signature: _____ Date: _____
(If under 18, parent or guardian must sign)