

Pawin'Around

Dog Day Care and Boarding

Client Application Form 1 of 5

Client # _____

Owner Info

Owner Name (#1): _____

Owner Name (#2): _____

Address: _____

City: _____ State: _____ Zip: _____

Home () _____

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

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

Emergency Info

Emergency Contact: _____

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

Dog # 1 Info

Dog #1 Name: _____ Gender: M / F

Breed: _____ Birth Date (Yr): _____ ()

Spayed or Neutered:(Y / N) Flea Plan: _____ Color: _____

Dog # 2 Info

Dog #2 Name: _____ Gender: M / F

Breed: _____ Birth Date (Yr): _____ ()

Spayed or Neutered:(Y / N) Flea Plan: _____ Color: _____

Dog # 3 Info

Dog #3 Name: _____ Gender: M / F

Breed: _____ Birth Date (Yr): _____ ()

Spayed or Neutered:(Y / N) Flea Plan: _____ Color: _____

Client Application Form 2 of 5

Pick-Up Info

Individuals allowed to pick up your dog(s): _____

Medical Info

Veterinarian Clinic: _____

City: _____ Phone: (____) _____

Dog #1:

Rabies: _____ DHLPP: _____ Bordetella: _____

Currently taking any medications? (Y / N) _____

Dog #2:

Rabies: _____ DHLPP: _____ Bordetella: _____

Currently taking any medications? (Y / N) _____

Dog #3:

Rabies: _____ DHLPP: _____ Bordetella: _____

Currently taking any medications? (Y / N) _____

Are there any other **Medical or Health** concerns we should be aware of? (Y / N)
If so, please advise: (Dog # _____)

Client Application Form 3 of 5

Individual Info

Has your dog(s) been through any obedience training? (Class Type and Date)

Dog #1: _____ (_____)

Dog #2: _____ (_____)

Dog #3: _____ (_____)

Has your dog(s) been socialized? (To other dogs, people, & unfamiliar places)
(describe your dog's behavior)

Dog #1: (Y / N) _____

Dog #2 (Y / N) _____

Dog #3: (Y / N) _____

Describe your dog's temperament: _____

Has your dog ever bitten or shown aggression toward a person & animals?

Describe what your dog fears & his/her reaction to them (i.e. noises, objects, people)._____

What corrective or disciplinary measures do you used with your dog(s)?

What reward or praise actions do you used with your dog(s)?_____

How did you hear about Pawin'Around?_____

Client Application Form 4 of 5

Pet Care Agreement

This agreement ("Agreement") is between Pawin'Around, and _____ the pet owner(s), whose signature(s) appear(s) below (hereinafter referred to as "Owner"), of _____, a _____ (hereinafter referred to as "the pet").

1. Fees, Costs and Other Charges. Owner agrees to pay Pawin'Around's current fees for pet care that may increase from time to time. Owner further agrees to pay all costs and other charges for special services requested by Owner, and all veterinarian or medical costs for the pet incurred by Pawin'Around during the period the pet is in Pawin'Around's care.

2. Representations and Warranties. Owner represents and warrants that all information communicated by Owner to Pawin'Around before entering into this Agreement is true and accurate, including all information about the pet. Owner further represents and warrants the following: (a) Owner is the sole owner of the pet, free and clear of all liens and encumbrances; (b) the pet has not been exposed to any contagious diseases within a 30-day period prior to the pet's check-in at Pawin'Around; (c) the pet is a *pet*, not a show animal; and (d) the pet has not bitten or harmed nor shown aggressive or threatening behavior towards any person or other dog.

3. Limitation of Liability. Owner expressly agrees that Pawin'Around's liability shall in no event exceed the lesser of the current chattel value of a pet of the same species as the pet or the sum of \$2,000.00.

4. Reasonable Care/Acceptance of Risk. Pawin'Around will exercise reasonable care for the pet. If interactive daycare is provided, Owner recognizes and accepts potential risks involved in such activity.

5. Indemnification. Owner agrees to be solely responsible for any and all acts or behavior of the pet while it is in Pawin'Around's care including costs for injury to any person or animal or for damage to facilities caused by the pet.

6. Contagious Diseases and Vaccinations. During the period of this Agreement, Owner agrees to notify Pawin'Around of any known exposure of the pet to any communicable disease and keep the pet away from Pawin'Around until the pet is symptom free for a minimum of 5 days or until Owner can present a written veterinarian clearance. Owner further agrees to maintain current vaccinations for Rabies, DHLLP and Bordatella for the pet.

7. Emergency Veterinarian Treatment. If the pet becomes ill or injured, then Pawin'Around in its sole discretion may engage the services of a veterinarian or administer medicine or give other attention to the pet, and the expenses of such treatment shall be charged to and paid by Owner.

8. Entire Agreement, Modifications, Binding Effect. This Agreement shall be binding upon the parties and their heirs, administrators, and authorized assignees. This Agreement is the entire agreement between the parties. This Agreement may be modified only in writing signed by the parties.

9. ARBITRATION. ANY DISPUTE, CONTROVERSY OR CLAIM ARISING OUT OF THIS AGREEMENT, INCLUDING ANY CLAIM FOR BREACH OF THIS AGREEMENT OR ANY CLAIM FOR ALLEGED NEGLIGENCE BY ANY PARTY TO THIS AGREEMENT, SHALL BE SETTLED IN ACCORDANCE WITH THE RULES OF THE AMERICAN ARBITRATION ASSOCIATION, AND JUDGMENT UPON THE AWARD RENDERED BY AN ARBITRATOR MAY BE ENTERED IN ANY COURT HAVING COMPETENT JURISDICTION. BY INITIATING BELOW, OWNER SPECIFICALLY AGREES TO SUCH ARBITRATION AND WAIVES HIS/HER RIGHT TO TRIAL BY JURY OR APPEAL. THIS ARBITRATION PROVISION SHALL BE SELF-EXECUTING, AND SHALL NOT REQUIRE ANY COURT ORDER FOR THE INITIATION OF ANY ARBITRATION UNDER THIS PROVISION.

Pawin' Around

Owner

IT IS SO AGREED,

Dated: _____

Owner _____

Dated: _____

PAWIN'AROUND,

By: _____

Ilya Neizvestny

Vaccination & Health Certification Form

(To be completed for each dog)

Doctor,
At your earliest opportunity, please fill out this form and fax it to:

Pawin'Around Dog Day Care and Boarding @ 408-298-9045 dog can begin attending.

This form is to verify that our dog is current on the listed vaccinations and in good health.

Thank You.

Dog's Name: _____

Owner's signature: _____

Date: _____

Part II (to be completed by DOG'S VETERINARIAN)

1. Please comment on dog's behavior and appropriateness for day care –

2. Date of last vet visit –

3. Vaccinations – **we require **

Rabies:

Last Given:

Next Due:

DHLPP:

Last Given:

Next Due:

Bordatella (Kennel Cough):

Last Given:

Next Due:

Fecal Exam: **we request annually**

Last Given:

Results:

The information provided on this form is true to the best of my knowledge.

Veterinarian's Signature: _____ Date: _____

Please Fax to (408) 298 -9045