



**Client Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Other #: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Emergency Contact Info**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

**Pet Information**

Name: \_\_\_\_\_ Breed or Primary Breed (s): \_\_\_\_\_

Gender: \_\_\_\_\_ DOB: \_\_\_\_\_ Aprox. Weight: \_\_\_\_\_

Spayed/Neutered: YES NO

**Medical Information**

Vet Clinic Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Any Allergies? If so please list: \_\_\_\_\_

Are there any previous injuries, medical issues, or conditions that Paws In Place Staff should be aware of?

\_\_\_\_\_  
\_\_\_\_\_

If your dog is on any medications that Paws In Place must administer, please attach instructions to this document, and note that administering medication may change cost for that dogs stay.

**Other Information**

Has your dog shown unwarranted aggression towards humans, or dogs that Paws In Place staff should be aware of? YES NO If yes please explain:

\_\_\_\_\_  
\_\_\_\_\_

May your dog have treats while at Paws In Place? YES NO

May your dog play in supervised group play? YES NO

If there is anything else you feel Paws In Place staff should be aware of, please attach it to this document.

## Waiver Form

### Policies and agreements

1. I understand and agree that Paws In Place boarding staff will exercise due diligence and reasonable care while caring for my pet, and will not be liable for any problems that my arise unless by direct negligence of Paws In Place staff. I hereby release Paws In Place of any liability arising from my dog(s) attendance and participation in boarding activities. \_\_\_\_\_ Initial
2. I further understand and agree that dogs may sometimes receive minor cuts and scratches during play time, and that despite diligence, illness may be present in boarding facilities via asymptomatic. If a dog becomes otherwise ill or injured, and is in need of immediate care, Paws In Place will transport the animal to Dr. Bronson Veterinary Services (unless primary vet is closer) and attempt to reach the owner while in transit. If the owner is unreachable, Paws In Place will have the veterinarian proceed with any treatment deemed basically necessary and owner(s) will assume all financial responsibility for veterinary treatment, unless as direct negligence of Paws In Place staff. \_\_\_\_\_ Initial
3. I understand that though Paws In Place staff will handle my dog(s) in a way to minimize risk and harm, I am solely responsible for any harm caused by my dog(s) while they are boarding at Paws In Place. \_\_\_\_\_ Initial
4. I further understand and agree that in admitting my dog(s), Paws In Place has relied on my representation of my dog(s) character and medical needs, including whether my dog(s) have shown aggression towards other humans or dogs. \_\_\_\_\_ Initial
5. I agree to pay for all services that Paws In Place provides to my dog(s) and me at the time of service completion. \_\_\_\_\_ Initial
6. I also understand that if my dog(s) are left for more than 5 days past arranged pick up date(s) without proper extension notice, after Paws In Place has reasonably attempted to reach the owner when pick up date is missed, my dog(s) will be considered abandon, and become the property of Paws In Place to do with as they see fit. \_\_\_\_\_ Initial
7. I understand that if I opted for my dogs to stay in the same kennel, in the event of a fight, Paws In Place will not be held liable for injuries to my dogs. I further understand that, if said fight does occur, my dogs will be placed in separate kennels for the remainder of their stay, and charged accordingly. \_\_\_\_\_ Initial

**All pricing is based on the job, therefore pricing reflects the time we spend walking, exercising and working with your dog(s), above and beyond their stay.**

We accept Cash, and checks only. Bounced checks will be charged an additional \$40

**By Signing I certify that I have filled out, read, understood, and agree to the above form, statements, and conditions.**

\_\_\_\_\_  
Owner's Name (please print clearly)

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date