



APPLICATION

- New Canine Interview
- Additional Family Member
- Existing Updated Information

Guardians/Owners

Name _____

Address _____ City _____ zip _____

Home Phone # (_____) _____ Work# (_____) _____

Cell # (_____) _____

E-Mail Address _____

Canine Name _____ Birth Date ____/____/____

Weight _____ lbs

Breed _____ Sex: Male or Female

Color _____

- Yes, my canine is Spayed Neutered No, my Canine is not spayed/neutered
(required at 6+ months)

Veterinarian Hospital _____ Contact Name _____

Phone # (_____) _____

Address _____ City _____ zip _____

VACCINATIONS; Guardian/Owner is required to provide veterinary proof of current Rabies, Distemper and Bordetella.

HOW DID YOU HEAR ABOUT PUPPY PARADISE?

- Drive-By Website Yellow Pages Direct Mail Newspaper Flyer
- E-mail Special Event
- Referral: Name _____
- Other _____

Have you ever used Doggy Day/Overnight Boarding services? No Yes, please list _____

Have you visited Puppy Paradise before? No Yes, please list _____

What are the primary reasons for bringing your Dog to Puppy Paradise?

- Loves to Play Travel Extensively Work Long Hours Doesn't Like to be Left Alone All Day

CANINE BEHAVIOR QUESTIONS: (Please answer the following questions as accurately as possible)

Is there any PERSON, type of DOG, or SITUATION your dog seems to have a problem with? Yes No
Please describe _____

How long have you had your dog? _____

Where did you get your dog? _____

Has your dog ever growled at or bit another PERSON or DOG? Yes No

If yes, what were the circumstances? _____

Can you take a food item away from your dog without him/her growling? Yes No

Will your dog readily share toys with other dogs? Yes No

Has your dog ever jumped a fence or barrier? Yes No

Please explain _____

Are there any areas on your dog's body where they DO NOT like to be touched by humans? Yes No

If yes, please explain _____

Has your dog ever socialized with a large group of dogs? (8 or more?)

Yes No

Please explain _____

Has your dog ever played with dogs over 15 pounds?

Yes No

Has your dog ever played with dogs under 15 pounds?

Yes No

Are there any restrictions that should be placed on your dog's activities?

Yes No

If yes, please explain _____

What else should we know about your dog? _____

MEDICATIONS: Yes (please list all medications) No

Medication _____ Morning Afternoon Evening

Quantity _____

Medication _____ Morning Afternoon Evening

Quantity _____

Medication _____ Morning Afternoon Evening

Quantity _____

Medication _____ Morning Afternoon Evening

Quantity _____

Medication _____ Morning Afternoon Evening

Quantity _____

FEEDINGS: Owner Provided - Brand Name _____

Morning Quantity _____ Special Instructions _____

Afternoon Quantity _____ Special Instructions _____

Evening Quantity _____ Special Instructions _____

EMERGENCY CONTACT NAMES:

#1 _____

Home Phone # (_____) _____ Work# (_____) _____ Cell # (_____) _____

#2 _____

Home Phone # (_____) _____ Work# (_____) _____ Cell # (_____) _____

PAYMENT METHOD; (Two credit cards required)

Credit Card 1 Type _____ Number _____ Exp. Date _____
CID# _____

Credit Card 2 Type _____ Number _____ Exp. Date _____
CID# _____

Persons Authorized to Drop Off and/or Pick up my canine(s) : _____

I, the undersigned, hereby acknowledge and agree that all the information provided in this Application is complete and accurate to the best of my knowledge. I further acknowledge and agree that I have read, understand and agree to all the terms and conditions contained in the Policies, Procedures and Release, Waiver of Liability, Assumption of Risk and Indemnification Agreement, as they may be amended from time to time, which are attached and fully incorporated into this application. I hereby execute the Agreement for my dog, myself, and my heirs, successors, representatives and assigns. I further attest that if I am not the sole owner or representative of the dog subject to this application, that my signature is sufficient to enter into this Agreement for and on behalf of any other owner or representative.

Sign _____

Date

Print _____

Guardian

Puppy Paradise: Accepted this application on _____.

Puppy Paradise Representative

WARNING: READ CAREFULLY. THIS AGREEMENT INCLUDES A RELEASE OF LIABILITY AND WAIVER OF LEGAL RIGHTS AND DEPRIVES YOU OF THE RIGHT TO SUE PUPPY PARADISE, LLC AND RELATED PARTIES. DO NOT SIGN THIS AGREEMENT UNLESS YOU HAVE READ IT IN ITS ENTIRETY. SEEK THE ADVICE OF LEGAL COUNSEL IF YOU ARE UNSURE OF ITS EFFECT.

PUPPY PARADISE POLICIES, PROCEDURES, AND RELEASE, WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNIFICATION AGREEMENT.

In consideration for my dog being permitted to attend Puppy Paradise for day and overnight boarding, I make the following representations and agree to all of the following policies, procedures, terms and conditions:

1. **REQUIREMENTS:** My dog meets the following requirements: he/she has successfully completed the Temperament test; is four (4) months of age or greater; he/she is spayed or neutered (if over six months of age) is current on his/her Rabies, Distemper and Bordetella vaccinations; is in good general health and free of ticks and fleas; is not aggressive or protective of toys; meets all other municipal or state licensure and other requirements; is attending Puppy Paradise with a quick release collar that contains an identification tag bearing my dog's name and guardian or owner's current contact information. I have completed the Application and have provided Puppy Paradise with a current and valid credit card number. My dog will enter and exit the facility with a leash.

2. **FOOD:** I understand that I will label and measure out each meal for each day my dog is at Puppy Paradise. My dog will be put into a crate while eating and for an hour after eating to prevent bloat which is a condition where the stomach can twist entangling the major organs and can result in death just within a few hours.

3. **PERSONAL PROPERTY:** I agree that Puppy Paradise is not responsible for lost, stolen or damaged personal property belonging to either me or my dog. I also understand and agree that my dog's collar may be removed in the play area to prevent injury to any dog. If my dog causes any damage to the facility or equipment I agree to be fully responsible for the full cost of any repair or replacement.

4. **FEES:** I agree to pay for all of my dog's fees, services and products with the credit card I have provided on the Application or by cash or check at the time I pick my dog up after each visit to Puppy Paradise. I give my permission to charge any of the credit card numbers I provided on the Application for any unpaid fees, services or products. I further agree to pay the cost of any check or debit charges returned or challenged for any reason.

5. **LATE FEES AND CHARGES:** I understand that a fee of \$1 dollar per minute will be charged for each minute that I am late to pick up my dog for a maximum of 15 (fifteen) minutes. If I am more than 15 (fifteen) minutes late to pick up my dog, he/she will be boarded overnight and I will be charged a full night's stay.

6. **CANCELLATION POLICY:** I understand that I will be charged for a full day of daycare if I fail to cancel my reservation for daycare twenty four (24) hours in advance of my reservation. I further understand that for no cancellation charge to apply, reservations for overnight boarding must be cancelled at least 48 hours in advance; however, if my reservation is within three days on either side of a nationally recognized holiday, my reservation must be cancelled within 72 hours of the first day of my reservation. If my dog's reservation is cancelled within 48 or 72 hours, respectively, of the first boarding date, I understand that I will be responsible for a cancellation fee to be determined by Puppy Paradise. If I fail to provide any advance notice of cancellation, I understand that I will be charged a no-show fee equivalent to the fee for two (2) nights of boarding

7. **AGGRESSIVE DOGS:** My dog is not aggressive. Although Puppy Paradise loves all dogs I understand that aggressive dogs are not permitted to attend Puppy Paradise. If my dog acts aggressively or exhibits unacceptable behavior he/she may be separated from the other dogs. Puppy Paradise will use reasonable efforts to consult the dog's parents about aggression and ways to address it, however aggressive dogs may be asked not to return to Puppy Paradise. Such determinations shall be made at the sole discretion of Puppy Paradise.

8. **ABANDONED DOGS:** Puppy Paradise is a place where all dogs are loved and can be happy and play. No dog may be abandoned at Puppy Paradise. I agree that I will not neglect to pick up my dog from Puppy Paradise by the time he/she is scheduled to leave without providing notification. Any dog that is left at Puppy Paradise without any contact, instruction or notification from me, of the ability, willingness or plans to pick him/her up by myself or my personal representative or agent, will be considered abandoned upon the seventh day of such notification failure. I understand that if I abandon my dog as described above, Puppy Paradise will by default become the legal owner and guardian of the dog. Puppy Paradise will in its sole discretion determine whether to try to rehome and adopt the dog or relinquish him/her to an unrelated shelter of its choice. I FULLY UNDERSTAND AND AGREE THAT IF I ABANDON MY DOG AT PUPPY PARADISE I MAY BE UNABLE TO RETRIEVE POSSESSION OF MY DOG AND WILL HAVE NO RECOURSE AGAINST PUPPY PARADISE AS PROVIDED FOR BELOW.

9. **DUTY TO DISCLOSE:** I have disclosed any and all medical or other conditions, including but not limited to personality concerns or behaviors that may affect, limit or prevent my dog's ability to participate in play time or otherwise attend Puppy Paradise.

10. **PARTICIPATION:** I understand that my dog's participation in play time is at the sole discretion of Puppy Paradise and that dogs may be separated from other dogs or asked to leave for any reason in the sole discretion of Puppy Paradise. I further understand that dogs at Puppy Paradise are encouraged to interact, they are not just crated all day, but as a result of such interactions they are more prone to injury from other dogs. I recognize and release Puppy Paradise from any and all liability and risk inherent to interactions with other dogs, including, but not limited to, bite marks and scratches.

Initial here: _____

11. **ACCEPTANCE AND ACKNOWLEDGEMENT OF PARTICIPATION RISK:** I fully understand that: 1. There are inherent and potential risks involved with interactions between humans and dogs as well as between dogs and other dogs which may result in property damage or bodily injury including permanent disability, sickness or death to human or dog and 2. There may be other risks not known to me or readily foreseeable at this time (collectively, "risks"). I fully accept and assume all risks and responsibility for all risks, including without limitation all losses, costs and damages incurred as a result of me or my dog's participation in the events.

12. **VETERINARY LIABILITY AND CARE.** I agree to allow Puppy Paradise to obtain medication/treatment for my dog if in its sole discretion it appears that he/she is ill, injured or exhibits any other behavior that would reasonably suggest that my dog may need medication/treatment. I agree that I am fully responsible for the cost of any such medical treatment and for the cost of any transportation for the purposes of such treatment provided to my dog.

13. **WAIVER, RELEASE AND INDEMNIFICATION:** I HEREBY EXPRESSLY AND FOREVER GENERALLY WAIVE, DISCHARGE CLAIMS, INDEMNIFY RELEASE FROM LIABILITY, SAVE, HOLD HARMLESS AND DEFEND AND COVENANT NOT TO USE PUPPY PARADISE and their invitees, sponsors and all other representatives or agents-s, advertisers, owners, officers, directors, employees, volunteers from and against ANY AND ALL INJURY, LIABILITY, CLAIMS, LITIGATION, ACTIONS, SUITS, COSTS, LOSSES, DAMAGES, EXPENSES OR DEMANDS (including reasonable attorney's fees) OF EVERY CHARACTER WHATSOEVER on account of, arising out of, resulting from or relating in any way to (a) any action or omission of the Releasees, including negligence and (b) me or my dogs participation in activities or otherwise. I FURTHER AGREE TO IDEMNIFY, SAVE AND HOLD HARMLESS the Releasees from any claims, litigation, actions, suits, damages, costs, attorneys fees, losses or injuries as a result of any such claim. I AGREE THAT THIS RELEASE SHALL BE BINDING ON ME AND MY SUCCESSORS, HEIRS, LEGAL REPRESENTATIVES AND ASSIGNS, I ALSO EXPRESSLY AND FOREVER RELEASE PUPPY PARADISE FROM ANY DUTY TO PROTECT ME OR MY DOGS FROM INJURY OF ANY KIND AND AGREE THAT EVEN IF PUPPY PARADISE CHOOSES TO IMPLEMENT SAFETY PRECAUTIONS SUCH ACTIONS SHALL NOT ALTER THE FACT THAT I HAVE RELEASED PUPPY PARADISE FROM ANY DUTY TO PROTECT MY DOGS.

I HAVE READ AND FULLY UNDERSTAND THE TERMS OF THESE POLICIES, PROCEDURES AND RELEASE, WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GUARANTEE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT PERMITTED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID OR UNENFORCEABLE THAT THE REMAINDER OF THIS AGREEMENT SHALL REMAIN IN FULL FORCE AND EFFECT. I AGREE THAT IT IS INTENDED THAT ALL TERMS OF THIS AGREEMENT CONTROL DESPITE ANY PARTICULAR STATUTE OR LAW THAT WOULD OTHERWISE PROTECT ME OR MY DOGS.

POLICIES AND PROCEDURES

All uses of the phrase "Puppy Paradise, We, or Us" shall refer to **Puppy Paradise**. Client will be referred to as "Customer or You".

Scheduling & visit times: Scheduling is on a first come first serve basis and we will do our best to accommodate your needs

Early Returns: **Puppy Paradise** carefully schedules our time to service you and our other clients. Therefore, there are no refunds or credits for early returns or last minute changes to pet care. Once pet care begins, payment is due for the original dates scheduled.

Cancellations: A full two-day notice prior to the date of the first visit is required for cancellations. Failure to provide notice of less than two days will result in a \$50 cancellation fee.

Holiday Cancellations: Pet sitting services and kennels receive more requests for reservations than they can handle during the holiday time periods and we may have turned away other clients because we have reserved time for you during this busy season. You must cancel THREE days prior to any holiday. If you do not cancel within that time frame you will be charged for one-half of the visits.

Medications / Vaccinations: **Puppy Paradise** will attempt to administer medications as directed but cannot be held responsible for complications that arise as a result. **Under no circumstances** will **Puppy Paradise** service any pet that has any form of contagious illness. This is for the safety of our other customers. **Puppy Paradise** requires that all pets have the necessary vaccinations and immunizations before service begins. If a **Puppy Paradise** pet care provider is bitten or exposed to any disease or ailment received from a clients' pet, which has not been properly or currently vaccinated, the client will be responsible for all costs and damages that may incur.

Privacy Policy: **Puppy Paradise** highly respects our clients. We will not sell any of the information given to us on file.

Animal Behavior: Animal behavior can be unpredictable. **Puppy Paradise** does not accept responsibility or liability for animal behavior, normal or otherwise, which results in injury to the client's animal. Further, if a **Puppy Paradise** pet care provider is harmed or injured by the client's animal, the client/owner accepts full responsibility for the cost of any necessary medical attention required by either the **Puppy Paradise** pet care provider or by the animal.

Updates: Please provide us with any changes regarding your pet care and/or other pertinent information.

Payment: For any service a **50% advance payment** is required three business days in advance. Payment is due on or before the 1st day of the service; customer has the option to post-date their checks to the LAST day of service. Customer will be quoted the rate of the total payment at the time of the confirmation call.

Return Check Charges: There is a \$25 fee for any returned checks.

Unacceptable Pets: **Puppy Paradise** has the right to refuse animals who appear to be aggressive, ill, etc. or could cause harm to **Puppy Paradise** employees or others. We do not have to provide reasoning for refusing to work with you or your pet.

Abandon Policy: If you abandon your pet in our care we have the right to report your actions to the appropriate authority, give your pet up for adoption, etc. The parent will be held 100% liable for reimbursing **Puppy Paradise** for all expenses incurred during this time period.

Client Signature _____ Date ____/____/____

Puppy Paradise Signature _____ Date ____/____/____

Puppy Paradise

VETERINARY TREATMENT AUTHORIZATION

This form will be retained on file and will be used to authorize veterinary treatment in the event that your pet requires treatment during your absence and we are unable to contact you.

Should you change veterinarians please notify **Puppy Paradise**, prior to your next service date, so we may update our records. A copy of this form will be sent to the primary veterinarian listed below and will be retained in your pet's medical file.

Puppy Paradise reserves the right to utilize the services of any available veterinary clinic. If time permits, **Puppy Paradise** will attempt to utilize your primary veterinary clinic. If it is not practical to do so, the following information will be helpful if the clinic we utilize requires documentation from your primary clinic.

*** This form MUST be signed to authorize treatment.**

Client Name _____

Address _____

City _____ State ____ Zip Code _____

Home Phone _____ Work Phone _____ Cell/Pager _____

Primary Veterinarian _____

Address _____ City _____ State ____ Zip Code _____ Phone _____

During my absence a representative of **Puppy Paradise** will be caring for my pet. I give **Puppy Paradise** my permission to transport my pets to my veterinarian (or to a pet emergency clinic). In the event I cannot be reached, I authorize **Puppy Paradise** to act as an agent on my behalf regarding my pet's medical care. I accept full responsibility for charges incurred in the treatment of my pet, not to exceed the following amounts for each pet:

<u>Pet Name & Description</u>	<u>Maximum Amount</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

I authorize veterinary treatment for my animal during my absence. I understand that **Puppy Paradise** assumes no responsibility for the loss of any pet and is released from all liability related to transportation, treatment, and expense.

I have made advance arrangements with my primary veterinarian to pay all charges and fees that are incurred on my behalf, immediately upon my return.

*** Signed** _____ **Date** ____/____/____