

PAWS AT PLAY LLC REGISTRATION FORM

How Did You Hear About Us?			
OWNER INFORMATION			
Owner(s) Name(s):			
Home Address:			
City, State, Zip:			
Home Phone ()		Work Phone ()	
Cell Phone ()		Other Phone ()	
Email:			
Person(s) Authorized For Pick-Up:			
Emergency Contact (Other Than Above) *REQUIRED*			
Name :		Name:	
Contact # :		Contact #:	
PET INFORMATION			
Dog #1:		Dog #2:	
Breed :		Breed:	
Birth Date/Age :		Birth Date/Age:	
Sex (M) (F)	Weight :	Sex (M) (F)	Weight:
Spayed or Neutered? (Yes) (No) MUST BE SPAYED/NEUTERED BY 8 MONTHS		Spayed or Neutered? (Yes) (No) MUST BE SPAYED/NEUTERED BY 8 MONTHS	
Color :		Color:	
Markings :		Markings:	
Allergies :		Allergies:	
Medical Issues :		Medical Issues:	
Done Daycare Before? (Yes) (No)		Done Daycare Before? (Yes) (No)	
***This Section To Be Filled Out By PAP Staff ***			
Vaccines	Date Expires	Vaccines	Date Expires
Rabies		Rabies	
Distemper/DHPP		Distemper/DHPP	
Bordetella/ Kennel Cough		Bordetella/ Kennel Cough	
Vet Name & Phone Number			

PAWS AT PLAY LLC

RULES & REGULATIONS

To ensure the safety and health of all animals and staff at Paws At Play LLC, we require all clients to agree with the following Rules and Regulations:

SEX: All dogs must be spayed or neutered. (unless under 8 months of age)

VACCINATIONS: All dogs must be up to date on vaccinations. Specifically the vaccines required are: **DHLPP (Distemper), Rabies, and Kennel Cough (Bordetella)**. It is your responsibility to submit written verification of vaccines from your dogs' veterinarian, and provide proof of vaccines when given to. For the safety of your dog as well as all other dogs at PAP, without up-to-date required vaccines - PAP cannot allow your dog entry to daycare.

HEALTH: All dogs must be in good health. Parents will need to certify that their dog(s) are in good health and have been free from any condition that could potentially put other dogs at PAP at risk. Dogs who have been ill with a communicable condition in the last 30 days will require veterinarian certification of health to be admitted or readmitted. Treatment must be given and completed before bringing your dog back to daycare. PAP highly recommends a flea and tick preventative including but not limited to flea and tick collars. Furthermore flea and tick collars may be left on dogs while attending daycare but PAP is not responsible for lost or damaged collars.

BEHAVIOR: All dogs must pass a behavioral assessment on their first day of enrollment into our daycare program. All dogs must be non aggressive and not food or water bowl protective. Parents will need to certify that their dog(s) have not harmed or shown any aggressive or threatening behavior towards any person or any other dog(s). Please remember that your dog will be spending time with other dogs and that their safety and health is our main priority. Keep in mind, although it is supervised play, your dog still might acquire an occasional nip or scratch.

AGE: Any age dog/puppy is allowed at PAP as long as the dog/puppy meets the PAP requirements . Puppies may begin attending daycare at PAP before they receive their rabies vaccine and before they are spayed/neutered as long as both will be taken care of by 8 months of age.

FEES: All fees are due at time of pick up. Cash, checks and credit cards are accepted. Discounted packages are provided only if they are paid in advance. Pre-paid packages are NON-REFUNDABLE. Please see the price list for details. Pick up will be during normal business hours or late charges will be applied at a rate of \$1.00 per minute for habitual offenders.

ENROLLMENT: All dogs must have a complete, up-to-date and approved registration form. ALL PAP FORMS MUST BE SIGNED BY PARENT(S) BEFORE ENROLLMENT.

Dogs Name(s): _____ Date: _____

Parents Signature: _____

Print Name: _____

PAWS AT PLAY LLC

CLIENT AGREEMENT

I hereby release PAWS AT PLAY LLC, its agents, officers, subcontractors, employees, animal parents, customers and potential customers of PAP from any and all liabilities for injuries to myself, my dog(s) or any other property of mine which arise in any way out of services and/or products provided by or as a consequence of my association with PAP. I acknowledge and understand that every dog reacts differently and that animals, by nature, are unpredictable.

Dogs and animals may, without warning, bite or cause injury to humans and other dogs. I acknowledge and understand that there are certain risks involved in attending daycare, including but not limited to dog fights, dog bites to humans and to other dogs, and the transmission of disease.

Please read and sign below that you understand and agree:

- Dogs not familiar with PAP may experience separation anxiety when apart from their human.
- Dogs not regularly exposed to the level of activity at PAP may experience sore muscles, joints, and fatigue.
- Dogs not regularly exposed to outside activity or play on hard surfaces may experience sore paws, blisters, bruises or abrasions on the feet (raw paws).
- Dogs not regularly socialized do not necessarily know how to behave politely with other dogs. These dogs are at higher risk of incidents (bites, fights, fear aggression, object guarding, and/or behavioral problems).
- I understand the extra risks my dog(s) has/have of contracting disease/illness at daycare with or without being fully vaccinated.
- Water is available at all times; however your dog may still be thirsty after daycare. Be aware of their water intake as excessive amounts may cause upset stomach or other problems.
- Any behavior deemed dangerous or inappropriate by PAP may result in dismissal from the program.
- Dramatic changes in food and/or food quality may cause upset stomach, diarrhea, and/or Colitis.
- I agree to pay for all services due at the time they are rendered. I understand any unpaid fees by me will be sent to collections and I will be responsible for all collections and legal fees incurred by such actions taken.
- I understand PAP staff gives all pets involved in any type of incident a thorough examination; however PAP is not liable for the location, treatment, or diagnosis of any injuries incurred on our premises. It is recommended you check your dog further or seek treatment from your licensed veterinarian at your discretion and cost.
- I have read and understand the PAP "Rules & Regulations".

** I grant PAP full power of decisions concerning the care and well being of my dog(s). Should any medical emergency arise, it is agreed that PAP can and will make any needed decision concerning medical treatment and choice of care given up to \$_____. Furthermore PAP will ensure that contact is made with the owner(s) before further treatment is needed outside of the facility. With my signature below, I accept exclusive and sole responsibility for these and all other risks; and release PAP of all liability, no matter the cause.

**Notes/Comments:

Dogs Name(s): _____ Date: _____

Parents Signature: _____

Print Name: _____