



PAWS WITH INN

189 High St - Ipswich – MA -01938 Tel: 978 356-0343 Fax: 978 356-0535

Dog Daycare and Boarding Agreement

Owner's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Cell Phone: _____ Work: _____

Home Phone: _____ Alternate: _____

Email Address: _____

Emergency Contact (if other than owner): _____

Emergency Phone (if other than owner): _____

Dog #1 Name: _____ Breed: _____

Age: _____ Sex (M/F): _____ Weight _____ Spayed/Neutered _____

Dog #2 Name: _____ Breed: _____

Age: _____ Sex (M/F): _____ Weight _____ Spayed/Neutered _____

Dog #3 Name: _____ Breed: _____

Age: _____ Sex (M/F): _____ Weight _____ Spayed/Neutered _____

Please answer the following:

1. Method of Flea Control: _____ (all dogs must be treated for fleas)

2. Is your dog housebroken? _____

3. Has your dog ever had Kennel Cough (Bordatella)? _____. If so, when? _____

4. Does your dog cough, sneeze, wheeze or exhibit any asthmatic symptoms?

5. Has your dog ever attended Dog Daycare or Boarding facility?

6. Has your dog ever bitten a person or another dog? _____. If yes, please explain:

7. Has your dog ever exhibited aggressive behavior towards people or other dogs? _____. If yes, please explain:

8. Has your dog ever been bitten or attacked by another dog, or been abused? _____. If yes, please explain:

9. Is your dog a jumper, climber or escape artist? _____. If yes, please explain:

10. How did you hear about Paws with inn Dog Daycare? (circle one)

Vet – Drive By – Internet – Facebook – Mail – Flyer - Friend

Referral: _____

11. Do you give Paws with inn permission to post photos of your dog on our website or Facebook business page?

Medical Emergency Information:

Veterinarian Name/Clinic: _____

Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Vaccinations: - Rabies - DHLP – Bordatella - CIV

*** WE REQUIRE A COPY OF THESE VACCINATIONS EMAILED, FAXED OR BROUGHT IN ON YOUR DOGS' FIRST VISIT TO DAYCARE *** FAX – 978 356 0535

Vaccine expiration dates

| | Rabies | DHLP | Bordatella | CIV |
|-------|--------|------|------------|-----|
| Dog 1 | | | | |
| Dog 2 | | | | |
| Dog 3 | | | | |

Please describe any medical or physical problems (including allergies, separation anxiety, seizures, etc.):

If in our judgment, your dog requires medical care, you agree to be solely responsible for the payment of all medical bills for your dog and you release, and hold harmless the following: Paws with inn, its officers, directors, agents and employees of and from any and all responsibility for, or claims, damages, or debts arising out of or related to such medical care, including but not limited to, transportation to/from the veterinarian clinic and choice of veterinarian or animal hospital.

Sign: _____

Authorized Pick up:

- You agree that you may verbally (by telephone) or in writing (by facsimile or otherwise) request that Paws with inn release your dog to someone other than the person(s) listed above, and you release Paws with inn of and from any and all responsibility for releasing your dog to any persons Paws with inn believes to be authorized by you.

Sign: _____

Paws with inn will release your dog to the following person(s) with proper ID:

Policies:

1. Paws with inn reserves the right to immediately change your dog's type of daycare if we believe it is necessary to protect the health and well being of your dog, other dogs, or a staff member.
2. Paws with inn cannot guarantee that toys, blankets or beds will be in the same condition as brought in. We discourage bringing in personal items from home.
3. All dogs over 8 months of age must be spayed or neutered and have ALL their vaccinations.
4. All dogs must be on a leash when entering or leaving the building unless under strict voice control.

5. Dog owner understands the risk involved with communal daycare for dogs. Our daycare dogs play in the yard and inside with other dogs. Although we will offer reasonable care, the unpredictable personality of dogs can sometimes lead to injury or illness.
6. Dog owner understands that Paws with inn's liability, of any circumstances related to the dog, will not exceed the current chattel value of a dog of the same breed as the one in our care.
7. Due to the communal nature of our playgroups, and for safety/liability concerns, Paws with inn does not allow any aggressive dogs for daycare.
8. Paws with inn reserves the right, without notice, to adjust its fees for services. Please inquire at the front desk as to our current fees.

Sign: _____

Reminder: Please email or call directly for boarding reservations. We require 24 hours notice for scheduling or cancellations. Paws with inn requires a copy of your dog's current shot records from your vet before your dog is allowed to start with us. (Store@pawswithinn.com)

By submitting this form,

1. You indicate your agreement with all the terms hereof.
2. You acknowledge the risks of communal boarding/daycare. Dogs playing together in playgroups can sometimes result in injuries or spreading of illnesses.
3. You authorize Paws with inn to obtain medical and vaccination records for your dog from the veterinarian listed above and you hereby authorize your veterinarian to provide these records to Paws with inn.
4. You release, indemnity and hold Paws with inn harmless from any and all manner of damages, claims, losses, liabilities, costs or expenses, causes of action or suits, whatsoever in law or equity (including, without limitation, attorney fees and related costs) arising out of or related to the services provided by Paws with Inn .
5. This agreement covers the current relationship between Paws with inn and yourself. Each time you bring your dog(s) to Paws with inn, you affirm the terms of the Agreement and the truthfulness and accuracy of all statements you make in this agreement.

Signature: _____ Date: _____

Paws with inn

Employee Name: _____ Date: _____

Shot Records Received: _____