



ENROLLMENT APPLICATION

PET OWNER INFORMATION

Today's Date: ____ / ____ / ____

Pet's Name: _____

Owner's Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit#*

City *State* *Zip Code*

Mobile Phone: () _____ Home Phone: () _____

E-mail Address: _____

Spouse/Partner Contact:

Mobile Phone: () _____ Home Phone: () _____

E-mail Address: _____

EMERGENCY CONTACT

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit#*

City *State* *Zip Code*

Mobile Phone: () _____ Home Phone: _____

E-mail Address: _____

Additional person(s) authorized to pick up pet:



CLIENT AND RELEASE OF LIABILITY AGREEMENT

_____ I hereby hold harmless and indemnify Furry Paws, LLC, its agents, officers, sub-contractors, employees, pet owners, customers, and potential customers (Indemnified Parties) from any and all liabilities, financial or otherwise, for injuries to myself, my pet(s), or any other property of mine which may arise from services that are rendered by Furry Paws, LLC, or as a consequence of my association with Furry Paws, LLC, except to the extent caused by gross negligence, bad faith, or intentional misconduct of the Indemnified Parties.

_____ In consideration of the services rendered by Furry Paws, LLC, I agree to assume any all liability financial or otherwise, for the behavior and health of my pet arising in connection with such services. I waive any and all claims, actions, or demands of any nature, either foreseen or unforeseen, that I may have against Furry Paws, LLC, relating to the care, control, health, and safety of my pet arising in connection with the services that are rendered by Furry Paws, LLC, except to the extent caused by gross negligence, bad faith, or intentional misconduct of the Indemnified Parties.

_____ I hereby authorize Furry Paws, LLC, its agents, officers, sub-contractors, and employees to do whatever they deem necessary for the safety, health, and well-being of my pet while under the care of Furry Paws, LLC.

_____ By signing below, I acknowledge that I have read this agreement and release of liability in its entirety and agree to the terms. This agreement shall be binding for every time services are rendered by Furry Paws, LLC on my behalf.

Signature

Date



OVERNIGHT BOARDING POLICY

1. All boarders must have an emergency contact available to pick up the boarder in case Furry Paws does not see itself capable of providing the necessary care due to a medical emergency or change in animal behavior. If you do not have a personal contact available Furry Paws reserves the right to check your pet into your preferred Veterinary Clinic. If your preferred Veterinary Clinic will not accept your pet Furry Paws has the right to charge an additional fee of 50% per night to the standard overnight boarding rate.

Check here if your emergency contact is the same as the person listed on page 1 :

OVERNIGHT BOARDING EMERGENCY CONTACT

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit#*

_____ *City* *State* *Zip Code*

Mobile Phone: () _____ Home Phone: _____

E-mail Address: _____

*****Your emergency contact for boarding must have your secure password. If you choose not to inform your emergency contact of your secure password they must have proof of identification for your pet's release or Furry Paws reserves the right to check your pet into your preferred veterinary clinic.***

2. Any boarder staying at Furry Paws for a duration longer than 5 days requires a 50% deposit at the time of check-in.

3. All boarders must have updated vaccination records including, Bordatella, Rabies, Distemper Parvo and must be using some form of flea/tick prevention.

4. All boarders must check-in with their own food. Furry Paws will only feed your pet the food and treats that you bring.

5. Blankets are allowed while your pet is secure in it's own cage at night. Furry Paws is not responsible for personal items that are brought into the facility. *Note no toys of any sort are allowed in the daycare/boarding area.

By signing below, I acknowledge that I have read, understand and agree to the Overnight Boarding Policies.

Signature

Date