

PAWS AND CLAWS BOARDING AND BATH
4300 FIVE MILE CREEK RD. HARBOR SPRINGS, MI 49740
231-526-1336

CUSTOMER: _____ DATE: _____

ADDRESS: _____

PHONE #: _____ CELL #: _____

PETS NAME: _____ BREED: _____

PETS NAME: _____ BREED: _____

This is a contract between Paws and Claws Boarding and Bath and the pet owner.

1. I understand that Canine Cough is unpreventable and that there are over 100 strains of it. Due to the fact that this is an **air-bourn** virus, Paws and Claws is not responsible.....Initials _____
2. Owner agrees to pay the daily boarding / day care rate and understand the charging procedure.....Initials _____
3. **I understand that if I pick up my pet(s) before 1:00, I will not be charged for the day. If pet is not officially checked out at 1:00 pm., I will be charged an additional days stay. In addition if a pet owner is late (after stated closing time) in picking up their pet there will be a \$5.00 per 15 minutes late fee occurred.....Initials _____**
4. All charges incurred by owner shall be payable upon pickup.....Initials _____
5. Paws and Claws is not responsible for the loss or damage of toys, bones, bedding or personal items.....Initials _____
6. Paws and Claws is not responsible for any pre-existing or breed related conditionsInitials _____
7. All guests must be healthy. Paws and Claws is not responsible for any conditions that is stress induced, etc. (diarrhea, skin allergies, eye discharge). Initials _____

PETS MENU

Paws and Claws serve a premium diet of Nutro Food. We serve Chicken/Rice/Oatmeal, and Lamb/Rice, we also offer Lite and Senior.

8. Food is provided by owner Y _____ Specify Brand _____
9. Is food pre packaged? Y _____ N _____ Exact Amount _____
10. If food is provided by Kennel please mark diet:
Chick/Rice/Oat _____ Lamb/Rice _____ Lite _____ Senior _____
11. Meals are served according to pets schedule. AM _____ PM _____

EXERCISE PROGRAM (included in fee)

12. Walk.....Leashed _____ Off Leash _____
13. If leash preference is not marked dog will always be leashed or in Play Arena.
Signature acknowledges understanding of all provisions of this contract and shall be binding for this visit and all subsequent visits.

Owner: _____ Date: _____

Kennel: _____ Date: _____

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MEDICAL INFORMATION

PETS NAME: _____
Medication(s) during your pets stay Y____ N____
Start date _____ End Date _____

Name of Medication _____

Amount _____ AM ____ PM ____

Reason for Medication _____

Name of Medication _____

Amount _____ AM ____ PM ____

Reason for Medication _____

Any pre-existing conditions we should know about? _____

EMERGENCY CONTACT NUMBERS

Please list all emergency phone numbers during your pets stay so that we will be able to reach you if a situation should arise.

1. _____
2. _____
3. _____

If you cannot be reached please list below the person(s) that can make any decisions for you in the event of an Emergency. Name and phone number please.

1. _____
2. _____

In the event of any medical emergency, we will make every effort to contact you first. If you or the person(s) listed above cannot be reached Paws & Claws will make any decision necessary for the health and well being of your pet.

***** I fully understand that I am financially responsible for these decisions.**

Initials _____

Name of current Animal Hospital _____

*****Owner certifies to the accuracy of all information given about said pet.*****

OWNER _____ **DATE** _____