

Please complete form below (if 2 pet owners, fill out both names):

Date _____ Init _____

Pet's Name _____
 (1) Owner's Name _____
 Street Address _____
 City _____ State _____ ZIP _____
 Phones (Home) _____
 (Work) _____ Ext. _____
 (Cell) _____
 E-mail Address _____
 Occupation _____
 Employer _____

(2) Owner's Name _____
 Street Address _____
 City _____ State _____ ZIP _____
 Phones (Home) _____
 (Work) _____ Ext. _____
 (Cell) _____
 E-mail Address _____
 Occupation _____
 Employer _____

Emergency Contact Information - Please tell us who to contact in case of emergency:

1) Name _____ Phone _____
 2) Name _____ Phone _____

Is there a number where you can be reached while you're away? _____

If anyone other than the owner has permission to pick up your dog, please give us their names:

Names _____

Veterinary Information

Name of Veterinarian _____

Name of Clinic _____ Phone _____

Expiration date of DHLPP (Distemper, etc.) inoculation _____

Is your dog vaccinated for Kennel Cough? Yes No If yes, date _____

Pet 2 – Rabies expiration date _____ Checked by _____ Date _____

Pet 1 – Rabies expiration date _____ Checked by _____ Date _____

How did you hear about Karla's Pet Rendezvous?

- Current Customer Friend Veterinarian Website Newspaper Ad/Article
 Chamber of Commerce Hotel Radio TV Other _____

As a condition of using our services for your pets, the following Waiver & Assumption to Hold Harmless must be signed:

By choosing to utilize the services, participate in activities, groom or board my pet(s) at Karla's Pet Rendezvous, I agree to the following:

- I agree to pay the rates that are in effect at the time my pet is at Karla's Pet Rendezvous. I am aware that extra charges may be incurred and I agree to pay them at the time of pick-up. Examples include, but are not limited to: Daycare, boarding, grooming and training.
- I understand that on entering Karla's Pet Rendezvous my pet will be examined for fleas. If fleas are found, a natural flea bath will be administered at my expense.
- If my dog participates in playgroup or daycare, I understand that an interactive play setting is not without some risk of injury, that despite all the dogs appearing healthy and being handled with the greatest amount of care and foresight, dogs are not always predictable and the unexpected may occur. I recognize that the benefits of an interactive playgroup are valuable to my dog, and accept the potential risks. I further agree to pay veterinary/medical expenses incurred as a result of injury to or caused by my dog.
- I am aware that there is a 1-day minimum charge for overnight boarding of \$35. and a 3-day minimum charge on major holiday weekends.
- If my pet appears to be ill, I authorize Karla's Pet Rendezvous to engage the services of MWV Mobile Vet (on the premises) and agree to pay all veterinary charges incurred by my pet while in the care of Karla's Pet Rendezvous. In the event it is necessary to procure a different veterinarian, the above also applies. I will not hold Karla's Pet Rendezvous liable for failure to seek veterinary attention or for decisions made under this contract.
- In the event of an life threatening ailment, and we are unable to reach you or your emergency contact, do you YES/NO (please circle one) agree to heroics in this emergency situation? If you would like to put a dollar limit on these services, please do so here. \$ _____. (Please note every attempt will be made to contact you).
- I understand that Karla's Pet Rendezvous will exercise all due diligence and care in the guardianship of my pet. I hereby waive and release Karla's Pet Rendezvous, its employees, owners and agents from any and all liability of any nature, for injury or damage, including that which may result from the action of any dog including my own, and I expressly assume the risk of such damage or injury while my dog participates in or attends any function of Karla's Pet Rendezvous while on the grounds or the surrounding area thereto.

On behalf of myself and any and all other owners of this pet, I have read and agree to the terms of this contract. I warrant that I have the authority to represent any and all other owners of this pet in signing this contract.

Signed _____ Date: _____

Print Name _____ Revised 8/17/09

Owner's Last Name _____

1st Pet Information:

Pet's Name _____

Dog Cat M F Neutered? At age _____

Breed _____ Color _____

Markings _____ Age _____ Birth date _____

Age acquired _____ Note: Please tell us if this is a newly acquired adult so we can get helpful background info.

Is your pet housebroken? yes no

Describe any allergies _____

If your pet has temperament issues such as shyness, fear or aggression, please describe _____

Describe any medical or physical problems _____

Date of last DHLPP inoculation _____

Date of last Canine Cough vaccine (bordetella) _____

Rabies expiration date _____

Checked by _____ date _____

2nd Pet Information:

Pet's Name _____

Dog Cat M F Neutered? At age _____

Breed _____ Color _____

Markings _____ Age _____ Birth date _____

Age acquired _____ Note: Please tell us if this is a newly acquired adult so we can get helpful background info.

Is your pet housebroken? yes no

Describe any allergies _____

If your pet has temperament issues such as shyness, fear or aggression, please describe _____

Describe any medical or physical problems _____

Date of last DHLPP inoculation _____

Date of last Canine Cough vaccine (bordetella) _____

Rabies expiration date _____

Checked by _____ date _____

General Questions – The following answers will help us care for your pet(s) as if they were our own.

Please complete questions for each pet boarded:

1st Pet

Dog or cat questions

Has your pet ever been boarded before? Yes No Not Sure

Is your pet used to being in a crate? Yes No Not Sure

Does your pet have separation anxiety issues? Yes No Not Sure

To your knowledge has your pet ever been attacked by another dog or abused by other people? Yes No
If yes, describe incident & effects: _____

Dog questions

Has your dog ever escaped a fence (over or under)? Yes No Not Sure

Does your dog get along well with other dogs? Yes No Not Sure

Does your dog get along with other puppies? Yes No Not Sure

Are you enrolling your dog in our Daycare? Yes No

Has your dog ever attended interactive Daycare? Yes No Not Sure

What are your reasons for Daycare? Socialization Play Exercise
 Long Day Other _____

Other Favorite Activities

Please check all your dog's favorite activities:

Ball Frisbee "Keep away" Tug o'war Cuddle Belly rubs
 Brushing Massage Other

Any additional information to help us care for your dog

Evaluation We will evaluate each pet to discern if he/she is a playcare candidate. Please understand that all pets cannot handle playcare environment. We offer daycare with individual one-on-one sessions to accommodate all pets.

2nd Pet

Yes No Not Sure

Yes No Not Sure

Yes No Not Sure

Yes No

Yes No Not Sure

Yes No Not Sure

Yes No Not Sure

Yes No

Yes No Not Sure

Socialization Play Exercise
 Long Day Other _____

Other Favorite Activities

Please check all your dog's favorite activities:

Ball Frisbee "Keep away"
 Tug o'war Cuddle
 Belly rubs Brushing
 Massage Other

Any additional information to help us care for your dog

Karla's Pet Rendezvous

603-447-3435 • karlaspets.com