**Client Information**

Owner’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: ( )-\_\_\_-\_\_\_\_ E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who else are authorized to pick up my pet(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you learn about us: \_\_\_ Drive by \_\_\_ Internet \_\_\_ My Vet: \_\_\_ Vets name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Event: \_\_\_ Referral: \_\_\_ Referrer’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Google\_\_\_ FaceBook:\_\_\_ Other:\_\_\_\_

Emergency Contact (other than yourself)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Vet & Phone: ( )-\_\_\_-\_\_\_\_

**Pet Profile**

Pet’s name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Breed or mix:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth: \_\_\_\_\_\_\_\_\_\_ Sex: M or F (Circle) Neutered: Y or N (Circle) Spayed: Y or N (Circle)

Coat color: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Weight:\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_ Microchip #:\_\_\_\_\_\_\_\_\_\_

If more than one pet, do you allow them to share the same kennel & be fed together: Y or N (Circle)

**Feeding**

TCI will provide pet food for boarding pets. Pet(s) with medical reasons, special needs, or if you would like your pet(s) to stay on his/her own diet or pet(s) has sensitive stomach (change of food may cause diarrhea), please bring your own pet food.

Amount per feeding: \_\_\_\_\_\_\_\_\_\_ Per day:\_\_\_ Morning:\_\_\_ Noon:\_\_\_ Night:\_\_\_

Special instructions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any treats your pet(s) may not have or allergic to? Y or N (Circle).

If Yes, Describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Behavior**

Has your pet been in daycare/boarding before?: Y or No (Circle)

If yes how did it behave?:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your pet been to a pet park before?: Y or No (Circle)

If yes how did it behave?:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your pet been socialized with other pets?: Y or N (Circle)

If yes how did it behave?:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your pet ever bitten someone?: Y or N (Circle)

If yes, what were the circumstances?:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your pet have any problems in the following areas? If yes, please describe.

 1. Barking: Y or N (Circle)

 2. Digging: Y or N (Circle)

 3. Jumps up: Y or N (Circle)

 4. Destructive chewing: Y or N (Circle)

 5. Housetraining: Y or N (Circle)

 6. Shy or nervous: Y or N (Circle)

 7. Runs away: Y or N (Circle)

Has your pet had obedience training?: Y or N (Circle)

Commands your pet knows:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please add any comments or information that you feel might be helpful:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Health Condition**

What is the current health condition of your pet? Excellent\_\_\_ Good\_\_\_ Fair\_\_\_ Poor\_\_\_

Please describe condition:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe medications:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will TWI be dosing medications? Please describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What flea/tick/parasite control do you use?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please attach a copy of most recent vaccinations.**

***It is the owner’s responsibility to inform TCI of any existing health conditions or any new health conditions as they are identified. On admission, all pets must be free from any conditions that could potentially jeopardize other pets. Pets that have been ill with a communicable disease in the last 30 days will require veterinary certification of health to be admitted or readmitted\_\_\_\_\_ (Please initial).***

**Terms and Conditions of Agreement**

1. I understand that I am solely responsible for any harm caused by my pet (s) while my pet(s) is/are attending Tailwaggers Country Inn (“TCI”). I also agree that if I fail to provide proof of updated vaccinations or if vaccinations are expired, TCI has the right to refuse service.
2. I understand and agree that TCI is relying on my representation that my pet(s) is/are in good health condition and behavior including but not limited to showing aggression or threatening behavior toward any other person or any other pet. Further, I understand and agree that TCI and their staff will not be held responsible for injury to my pet(s) during attendance and participation at TCI and I release and hold TCI harmless of any liability whatsoever.
3. I understand that due to TCI’s open play environment, and the natural behavior of pets, injuries, scratches, scrapes or bite wounds could accidentally occur, and I agree that any medical emergency that may develop with my pet(s) will be treated as deemed best by TCI’s staff, at their sole discretion, and that I will assume full financial responsibility for any and all expenses involved. TCI offers a Health Plan, at the rate of $50 a day, which covers all accidental injuries caused by other pets while staying at TCI (up to a limit of $500 in expenses for events reported within seven days after leaving TCI)*.* ***PLEASE INITIAL ALL THAT ARE APPLICABLE:*** *I understand that this Health Plan is being offered for my benefit and that TCI’s offer or my decision to accept it or not does not in any way change my release and agreement to hold TCI harmless of any liability whatsoever as stated in Section 2 above.* ***\_\_\_\_\_ (Please initial).*** *I was offered the Health Plan but I decline the offer.* ***\_\_\_\_\_ (Please initial).*** *I don’t like the open play concept and I don’t want my pet(s) to play and socialize with other pets.* ***\_\_\_\_\_ (Please initial).***
4. If Your pet(s) become injured or ill, TCI shall have the right to call a veterinarian of its choice or o administer medicine or other advisable attention, including CPR, first aid or other life saving techniques, within TCI’s sole discretion and judgment, and that You shall promptly pay such associated expenses. If You ***DO NOT AUTHORIZE*** TCI to perform CPR or administer first aid or other life saving techniques. \_\_\_\_\_ ***(Please initial).***
5. I hereby release, hold harmless and discharge TCI, its officers, directors, owners, employees or its assigns from all actions, claims or demands that I, my legal representatives, guardians, heirs or assigns now have or may in the future have for injury, loss, damage from disease, death, running away, theft, fire, injury to persons, injury from other pets, to my pet resulting from my pet’s activities at TCI whether or not resulting from the negligence, gross negligence or misconduct of any person, or the actions of another animal. I also agree to indemnify, defend and hold harmless TCI, its officers, directors, owners, employees and/or its assigns, from any and all claims due to any damage the pet may cause to any person or other animal while on the TCI premises. In the event TCI deems it necessary to employ legal counsel to protect their rights under this agreement, the owner/agent of the pet agrees to pay all expenses incurred by TCI to enforce their rights under this agreement including but not limited to costs and reasonable attorney’s fees.
6. I understand that TCI reserves the right to deny admittance, and/or remove from the premises, or segregate any pet at their discretion. In the event that my pet needs to be removed from the premises, TCI will attempt to contact me at the numbers provided. In the event I cannot be reached or my emergency contact cannot be reached, TCI may proceed with removal of my pet to my authorized veterinarian or third party listed above.

I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and a contract between myself and TCI.

Name of Owner (print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Owner:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_