



DAYCARE, BOARDING, GROOMING

How did you hear about us? (circle all that apply) Sign Web Print Ad Referral

If referral, referred by: _____

OWNER INFORMATION

Name(s): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Cell/Primary Phone: _____ Secondary Phone: (if applicable) _____

Email Address:* (required) _____

*(*Paws on Pearl will never share or sell your personal information.)*

EMERGENCY INFORMATION

Name (someone other than yourself or spouse): _____

Phone: _____

MEDICAL INFORMATION

Vet Name: _____ Phone: _____

PICKUP PERMISSION The following individuals are authorized to pick up of my pet:

Name: _____ Relation to dog: _____

Name: _____ Relation to dog: _____

CREDIT CARD AUTHORIZATION*

*(*Your credit card will only be charged with your permission. Paws on Pearl will never share or sell personal information.)*

Card Number: _____

Expiration Date: ____/____/____ CVC _____

I authorize Paws on Pearl to charge this credit card for authorized purchases only.

Authorized Signature _____ Date _____

Print Name: _____

DOG INFORMATION

Name: _____ Circle one: MALE FEMALE

Spayed/Neutered? YES NO Housebroken/Crate Trained? YES NO

Breed: _____ Color: _____

Birthdate: _____ Age: _____ Weight: _____ Microchip? YES NO

Has your dog been to daycare before? YES NO Has your dog had any formal training? YES NO

MEDICAL HISTORY: Does your dog have a history of any of the following? Check all that apply.

- Allergies - please explain: _____
- Monthly Regimen: Flea Tick
- Current medications - please list: _____
- Other relevant medical history - please explain: _____

BEHAVIOR HISTORY: Does your dog have a history of any of the following behaviors? Check all that apply.

- Aggression towards people Fear of loud noises Digging
- Aggression towards other dogs Separation anxiety Jumping
- Leash aggression Possessiveness Eating stool
- Excessive barking Chewing Shy

Please provide us with any information that you think is relevant to the proper care of your dog: _____

FOOD/FEEDING INFORMATION

Feeding Schedule: (circle all that apply) MORNING AFTERNOON EVENING

Brand/Type of Food: _____ How much per feeding (cups)? _____

If your dog is reluctant to eat, may we add wet dog food during feeding to entice your dog to eat? YES NO

Does your dog do the following? Please circle the appropriate answer.

- | | | |
|---|-----|----|
| Eat easily/quickly? | YES | NO |
| Eat with an elevated bowl? | YES | NO |
| Have a sensitive stomach? | YES | NO |
| Allowed to have treats? | YES | NO |
| Get aggressive around food, toys or treats? | YES | NO |



CARE AGREEMENT AND LIABILITY WAIVER

I, _____, understand that Paws on Pearl, LLC has relied upon my representation that my dog is in good health and is not injured, shown aggression, or threatening behavior to any person or dog in admitting my dog for services at their facility. I further understand that Paws on Pearl, LLC, their owners, staff, partners and volunteers will not be held liable, financially or otherwise, for injuries to my dog, myself, or my property while my dog is participating in services provided by Paws on Pearl, LLC. I hereby release Paws on Pearl, LLC of any liability of any kind arising in my dog's participation in any and all services provided by Paws on Pearl, LLC.

I understand and agree that any problems with my dog, behavioral, medical, or otherwise, will be treated as deemed best by staff of Paws on Pearl, LLC at their sole discretion and in what they view as in the best interest of the dog. I understand that I assume full financial responsibility and all liability for any and all expenses involved in regards to the behavior and health of my dog.

I understand that there are risks and benefits associated with group socialization of dogs. I agree that the benefits outweigh the risks and I accept the risk. I desire a socialized environment for my dog while attending services provided by Paws on Pearl, LLC and while in their care.

I understand that while socialization and play are closely and carefully monitored by Paws on Pearl, LLC staff to prevent injury, it is still possible that my dog may suffer minor injuries like nicks and scratches during the course of normal play. Any observed injuries will be reported to owners upon pick-up.

I agree to allow Paws on Pearl, LLC to use images of my pet in print or digital form or otherwise for publication and promotional purposes.

I am solely responsible, financially or otherwise, for any damage or harm caused by my dog while attending any service at Paws on Pearl, LLC. Payment is required when services are rendered. If Paws on Pearl, LLC pursues collection proceedings, I will be responsible to pay reasonable attorney's fees and costs of collection of that debt.

I have read the agreement and liability waiver and agree to the terms listed above.

Authorized Signature: _____ Date: _____

Print Name: _____

_____ (initial here) I have read and been given a copy of Paws on Pearl, LLC's Guidelines and Policies.



EMERGENCY MEDICAL TREATMENT AUTHORIZATION

Paws on Pearl, LLC will make every effort to contact you in an emergency situation with your dog before we transfer them to a licensed veterinarian. This authorization gives associates of Paws on Pearl, LLC to act on your behalf in the event that your dog needs medical attention.

I, _____, authorize a licensed veterinarian and their associates to administer treatment and perform procedures as are considered therapeutically and diagnostically necessary for the care and wellbeing of my dog, including the administration of anesthesia. In the event that emergency treatment is required, I authorize the veterinary staff and their assistants to perform medical and surgical treatments necessary to preserve the life of my dog until I can be contacted for further approval. I accept full responsibility for any and all financial responsibility for the treatment that my dog receives from the licensed veterinarian and their staff.

I hereby release Paws on Pearl, LLC from any and all claims from a situation that Paws on Pearl, LLC and their staff deem an emergency.

Authorized Signature: _____ Date: _____

Print Name: _____

ADDITIONAL DOG INFORMATION

Name: _____ Circle one: MALE FEMALE

Spayed/Neutered? YES NO Housebroken/Crate Trained? YES NO

Breed: _____ Color: _____

Birthdate: _____ Age: _____ Weight: _____ Microchip? YES NO

Has your dog been to daycare before? YES NO Has your dog had any formal training? YES NO

MEDICAL HISTORY: Does your dog have a history of any of the following? Check all that apply.

- Allergies - please explain: _____
- Monthly Regimen: Flea Tick
- Current medications - please list: _____
- Other relevant medical history - please explain: _____

BEHAVIOR HISTORY: Does your dog have a history of any of the following behaviors? Check all that apply.

- Aggression towards people Fear of loud noises Digging
- Aggression towards other dogs Separation anxiety Jumping
- Leash aggression Possessiveness Eating stool
- Excessive barking Chewing Shyness

Please provide us with any information that you think is relevant to the proper care of your dog: _____

FOOD/FEEDING INFORMATION

Feeding Schedule: (circle all that apply) MORNING AFTERNOON EVENING

Brand/Type of Food: _____

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