



# Client Information



Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Spouse/Significant Other: \_\_\_\_\_

Pet's Name(s): \_\_\_\_\_

## Primary Address (Local):

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Fax #: \_\_\_\_\_

## Secondary Address: (if applicable)

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Fax #: \_\_\_\_\_

## Additional Info:

Cell #1: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Cell #2: \_\_\_\_\_ Contact Name: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_



Emergency Contact Name: \_\_\_\_\_ Number: \_\_\_\_\_

Please list an emergency contact that you designate to make medical and monetary decisions on your behalf should The Grand Paw exhaust all means of contacting you. Please make sure you advise your contact that they are listed as your emergency contact and that they can make decision regarding your pet(s) care should we need to contact them.



Veterinary Clinic/Hospital: \_\_\_\_\_

Veterinarian Name: \_\_\_\_\_

Veterinarian City/State: \_\_\_\_\_

Veterinarian Phone Number: \_\_\_\_\_



# Credit Card Authorization



The following information may be used by The Grand Paw for payment of services rendered, property damage, other guest or staff injuries, boarding stay reservation cancellations and veterinary services.

If a pet's bedding is provided by The Grand Paw and the bedding is damaged, a fee of \$35.00 will be added to that pet's charges. If the bedding is damaged and a fee charged, you can choose take the bed with you at the end of the pet's stay.

For reservations during the week leading up to and the week following all major holidays, boarding cancellations or changes that result in a loss of boarding days without 72 hours notice will be charged for a 2 night stay of the appropriate accommodations.

I authorize The Grand Paw to use the following credit card number(s) for boarding, daycare, grooming, training services, any transportation costs as well as for reservation cancellation fees and/or damage fees.

I further authorize that in my absence, The Grand Paw may seek veterinary care, as they deem necessary, for the care and well-being of my pet(s).



VISA

MASTERCARD

AMERICAN EXPRESS

Primary Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_

(optional)

Secondary Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_

By signing below, I agree that I have read and understand the policies of THE GRAND PAW as set forth above and that I agree to the conditions and statements of this agreement.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Name

\_\_\_\_\_  
Pet's Name(s)



# Client Services Agreement

THE GRAND PAW agrees to exercise due diligence and reasonable care and to keep the premises sanitary and properly enclosed. THE GRAND PAW is dedicated to providing a safe and fun environment for you and your pets, and we will take reasonable and necessary precautions to ensure the safety and security of our guests.

## Initial

### Owner Awareness of the Risks of a Canine Free-Play Environment

I understand that there is a risk of nicks, cuts, scratches, bumps, bruises, and “friendly” bites to my dog(s) when socializing with other canine guests. I also understand that there is risk of a fight, resulting in possible injury to my dog(s), whenever there is socializing of dogs from different backgrounds, with different temperaments, and owned by different individuals. I further understand that while playing throughout THE GRAND PAW facility, my dog(s) may be exposed to toys, sticks, stones, sand, trees, insects and other objects which are common in an outdoor or play environment. In being exposed to these objects, I understand that I am responsible for any veterinary care as a result from any possible injury.

### Owner Awareness of the Risks of Disease, Illness & Injury

I understand that there is a risk of disease, resulting in possible injury to my dog(s), when there is socializing of dogs from different backgrounds, with different medical and treatment histories, and coming from different geographies. Although pets staying at THE GRAND PAW are represented as being in generally good health and appropriately vaccinated, I understand that vaccinations do not prevent against all disease and that some dogs may be carriers of diseases, but appear healthy in all other regards. I also understand that the stress of increased activity, social interaction and a new environment can bring about other diseases, illnesses and injuries that otherwise may not have been evident before my dog’s stay at THE GRAND PAW.

### Owner Responsibility for Dog’s Damage or Injury to Pets, People or Facilities

I understand that I am responsible for any damage or harm to other pets, people or to the facility caused by my dog(s) while at THE GRAND PAW. Due diligence and care having been exercised, THE GRAND PAW assumes no liability for loss or damage from disease, sickness, escape, or injury to persons, other pets or property by your dog(s) or other unavoidable causes.

### Owner Responsibility for Veterinary Services

I further understand and agree that any problems which develop with my dog(s) will be treated as deemed best by the staff of THE GRAND PAW, at their discretion, and that I assume full financial responsibility for any and all expenses involved, such as transportation costs, veterinary care or any other charges. I further understand that emergency veterinary care can be costly.

### Owner Responsibility for Vaccinations & Changes in Information

I further understand that with my signature I am stating that appropriate vaccinations have been or will be given prior to my pet(s) visiting The Grand Paw and that my pet(s) is/are in generally good health. Furthermore, I agree to notify THE GRAND PAW if there is any change in the information disclosed in the Services Agreement or application forms subsequent to the time the agreement and other forms were first signed.

THE GRAND PAW reserves the right to deny services or remove from the premise any pet at their discretion.

I agree that I have read and understand the policies of THE GRAND PAW as set forth above and that I agree with the said conditions and statements of this agreement.

Owner Signature

Date: