

New Client Information

| Name: | | Hom | Home Phone: | | |
|--------------------------|--------------------------------|----------------------------------|-----------------|--|--|
| Address: | | Work Phone: | | | |
| City: | | Cell Phone: | | | |
| State, Zip Code: | | | E-Mail Address: | | |
| How did you find o | out about UrbanPaws | ? | | | |
| Drove By Veterinarian | Advertisement Client/Friend | Special Event Charity Auction | | | |
| Other | | | | | |
| | | | | | |
| Emergency Co | ntact Information | 1 | | | |
| Name: | | Hom | ne Phone: | | |
| Work Phone: | Cell Phone: | E-Mail Address: | | | |
| Veterinary Name: | | | | | |
| Veterinarian In | formation | | | | |
| Name: | | Prac | ctice Name: | | |
| Phone: | | | | | |
| Address: | | | | | |
| City: | | State | e, Zip Code: | | |

Today's Date ___/___/



Pet Information

| Dog 1: | | | | | |
|------------------------------|---------------------|--------------------|----------|--------|---|
| Pet Name: | | Birth Date: | | | |
| Breed: | | Gender: | Male | Female | |
| Color: | | Weight: | | | |
| Neutered or Spayed | d: Yes No | | | | |
| Vaccination Expira | ations: | | | | |
| Vaccination Bordetella DHLPP | Month | Day | | Year | _ |
| Rabies | | | | | _ |
| Dog 2: | | | | | |
| Pet Name: | | Birth Date: | | | |
| Breed: | | Gender: | Male | Female | |
| Color: | | Weight: | | | |
| Neutered or Spayed | d: Yes No | | | | |
| Vaccination Expira | ations: | | | | |
| Vaccination | Month | Day | | Year |] |
| Bordetella | | | | | |
| DHLPP Rabies | | | | | _ |
| | your dog, which you | ı feel may be help | oful: | | |
| | | | | | |
| Signature: | | Date | : | | |



DAYCARE & BOARDING AGREEMENT AND RELEASE OF LIABILITY

- 1. I understand and agree that Urban Paws, Inc. (collectively, its owners, managers, employees, contractors and agents) will not be liable for problems, damage, or injuries caused by my dog(s) during his/her stay at Urban Paws, Inc. I, as the pet owner (or the owner's authorized agent), agree to be solely responsible for any and all acts or behavior of my dog(s) while in the care of Urban Paws, Inc. I hereby release Urban Paws, Inc. from any liability arising from my dog(s)'s attendance and participation in Urban Paws, Inc. boarding, daycare and play sessions.
- 2. I understand that Urban Paws, Inc. daycare, open boarding areas and play areas are places where animals commingle in groups. I recognize that there are inherent risks of illness or injury when dealing with animals. Similarly, I understand that when dogs play in groups, they may sustain minor injuries such as nicks and scratches. Other risks include, but are not limited to, problems resulting from dog(s)'s ingesting food scraps or other materials found outdoors and kennel cough. I understand and agree that any problem or injury that develops with my dog(s) will be treated as Urban Paws, Inc. deems best. Urban Paws, Inc. staff may wait until I pick up my dog(s) to inform me of any non-serious injury, such as nicks and scratches. In the event my dog(s) becomes ill or injured to the point of requiring to appearing to require medical treatment, Urban Paws, Inc. staff will first attempt to contact me, followed by an attempt to contact the emergency contact person I listed upon registration of my dog(s) with Urban Paws, Inc. Urban Paws, Inc. may also directly contact my dog(s)'s veterinarian, or a veterinarian chosen by Urban Paws, Inc., if the circumstances are deemed such that immediate treatment is necessary. Urban Paws, Inc. retains sole discretion to deal with emergency matters, and I agree to promptly pay for all medical treatments received by my dog(s), including transportation to an emergency veterinary facility.
- 3. I understand that I am responsible for any harm caused by my dog(s) at Urban Paws, Inc. I shall indemnify and hold Urban Paws, Inc. harmless against any claims made against Urban Paws, Inc. or losses or damages of any kind suffered by Urban Paws, Inc. as a result of my dog(s), its behavior or condition, or my failure to inform Urban Paws, Inc. of any pre-existing condition my dog(s) may have (such as illness or aggressive tendencies). I understand and agree that in admitting my dog(s) to Urban Paws, Inc., Urban Paws, Inc.' staff has relied on my representation that my dog(s) is in good health and has not harmed or shown aggressive or threatening behavior towards any person or any other animal.
- 4. I understand that if I leave my dog(s) at Urban Paws, Inc. for a period of 7 days beyond the time period for which I contracted for services from Urban Paws, Inc., my dog(s) will be considered abandoned and necessary steps will be taken to turn the animal over to the proper authorities.

| Pet's Name: | | |
|------------------------|------|--|
| Pet Owner's Name: | | |
| Pet Owner's Signature: | | |
| Today's Date:/_ | | |