



**Owner:**

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

Phone No: \_\_\_\_\_ Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_ (We do NOT share your email!)

Driver's License # and State \_\_\_\_\_ Active Military? Y \_\_\_\_ N \_\_\_\_

**Additional Owner:**

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

Phone No: \_\_\_\_\_ Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_ (We do NOT share your email!)

Driver's License # and State \_\_\_\_\_ Active Military? Y \_\_\_\_ N \_\_\_\_

**Emergency Contact (Someone NOT traveling with you whom you authorize to make decisions on your behalf and to pick up your pet in an emergency):**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Please provide the name and phone number of anyone else who may pick up your pet:

**Veterinarian/Clinic Name:** \_\_\_\_\_

**AGREEMENT:**

1. By signing this agreement and leaving the pet(s) listed on the attachment with Happy Paws Kennels, Inc., owner certifies to the accuracy of all information given about said pet.
2. Happy Paws Kennels, Inc. shall exercise reasonable care for the pet while in our custody.
3. We hereby incorporate the Pet Photo Release Form into this agreement by reference.
4. We are happy to have you bring items for your pet's comfort. Before deciding whether to bring an item, please remember that our kennels include a cot and the interior is air conditioned and heated. We also supply blankets for those chilly nights. While we make every effort to return your pet's bedding and toys, we are not responsible if they are damaged, destroyed or lost during your pet's stay with us.
5. Owner agrees that the daily boarding rates currently posted apply to the total time my pet is boarded at Happy Paws Kennels unless otherwise stated in writing. **The check out time is 11:30.** If you check out in the afternoon a ½ day charge will be incurred.
6. Owner agrees to contact Happy Paws Kennels, Inc. if, for any reason, a pet is not going to be picked up on the date scheduled. A pet remaining unclaimed for ten (10) days beyond its scheduled pickup date and without contact from the owner is considered abandoned and becomes the property of Happy Paws Kennels, Inc. Happy Paws Kennels, Inc. shall make every effort to contact the owner. Happy Paws Kennels, Inc., reserves the right to give the pet to the shelter or person(s) of their choice.
7. Owner hereby grants permission to Happy Paws Kennels, Inc. to act on my behalf and in my pet's best interest, by obtaining Veterinary care at my expense for illness and/or injury, if deemed necessary by Happy Paws Kennels, Inc. Owner understands that this may include end of life decisions. Owner further agrees to pay for all veterinary and other necessary services incurred by and for my pet during its stay at Happy Paws Kennels. I understand that even if my pet is fully vaccinated there is a chance that my pet can still contract a contagious illness.
8. This agreement contains the entire agreement between the parties. This agreement is governed by and construed in accordance with the laws of the State of California. This agreement shall remain in effect until it is revoked in writing by either party.

**By signing this agreement, I acknowledge, understand and agree to the terms stated above.**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

# Pet Information: *(Use additional sheets if needed)*

**1<sup>st</sup> Pet's Name:** \_\_\_\_\_ Dog/Cat (circle one) Breed: \_\_\_\_\_

Age/DOB: \_\_\_\_\_ Weight: \_\_\_\_\_ Male/Female \_\_\_\_\_ Intact/Spayed/Neutered \_\_\_\_\_

Has your pet ever bitten anyone? If so, please explain: \_\_\_\_\_

## **Feeding:**

How many times per day do you feed your pet? \_\_\_\_\_ How much (in cups)? \_\_\_\_\_

Are you supplying food? \_\_\_\_\_ If so, what brand of pet food do you use? \_\_\_\_\_

Additional/Special feeding instructions: \_\_\_\_\_

## **Health:**

Activity Level: Low \_\_\_\_\_ Medium \_\_\_\_\_ High \_\_\_\_\_ Allergies: \_\_\_\_\_

Any health conditions we should know about to care for your pet? \_\_\_\_\_

**2<sup>nd</sup> Pet's Name:** \_\_\_\_\_ Dog/Cat (circle one) Breed: \_\_\_\_\_

Age/DOB: \_\_\_\_\_ Weight: \_\_\_\_\_ Male/Female \_\_\_\_\_ Intact/Spayed/Neutered \_\_\_\_\_

Has your pet ever bitten anyone? If so, please explain: \_\_\_\_\_

## **Feeding:**

How many times per day do you feed your pet? \_\_\_\_\_ How much (in cups)? \_\_\_\_\_

Are you supplying food? \_\_\_\_\_ If so, what brand of pet food do you use? \_\_\_\_\_

Additional/Special feeding instructions: \_\_\_\_\_

## **Health:**

Activity Level: Low \_\_\_\_\_ Medium \_\_\_\_\_ High \_\_\_\_\_ Allergies: \_\_\_\_\_

Any health conditions we should know about to care for your pet? \_\_\_\_\_

**3<sup>rd</sup> Pet's Name:** \_\_\_\_\_ Dog/Cat (circle one) Breed: \_\_\_\_\_

Age/DOB: \_\_\_\_\_ Weight: \_\_\_\_\_ Male/Female \_\_\_\_\_ Intact/Spayed/Neutered \_\_\_\_\_

Has your pet ever bitten anyone? If so, please explain: \_\_\_\_\_

## **Feeding:**

How many times per day do you feed your pet? \_\_\_\_\_ How much (in cups)? \_\_\_\_\_

Are you supplying food? \_\_\_\_\_ If so, what brand of pet food do you use? \_\_\_\_\_

Additional/Special feeding instructions: \_\_\_\_\_

## **Health:**

Activity Level: Low \_\_\_\_\_ Medium \_\_\_\_\_ High \_\_\_\_\_ Allergies: \_\_\_\_\_

Any health conditions we should know about to care for your pet? \_\_\_\_\_



## Pet Photo Release Form:

I hereby agree and consent to the following:

1. Release to use my pets likeness in any photograph, video, or other digital media ("Photos") taken or to be taken during any boarding or day care stay with Happy Paws Kennels in any and all of its publications, including print or web-based publications.
2. I authorize Happy Paws Kennels to copy, edit, enhance, crop or otherwise alter any photo for use in their publications. I also waive many rights for approval or inspection of any photos.
3. I understand and agree that all photos are the property of Happy Paws Kennels and may not be returned to me.
4. I acknowledge that I am not entitled to any compensation or royalties with respect to the use of the photos.
5. I agree to release and forever discharge Happy Paws Kennels and its affiliates, successors and assigns, officers, employees, representatives, partners, agents and anyone claiming through obligations, promises, agreements, disputes, demands, damages, causes of action of any nature or kind, known or unknown, which I, and anyone claiming on behalf of me, may have or claim to have against Happy Paws Kennels, Inc. in connection with this Release.

I confirm that I have carefully read and fully understand all the provisions of this Photo Release Form and am freely, knowingly, and voluntarily signing.

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Signature

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Date

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Printed Name



## Medical Release Form

Your pet is very important to us. Because their welfare is our top priority, we want to assure you that we will make every effort to make their stay with us as safe, comfortable, and routine as possible. However, when pets are boarded and not in their home environment, they are subjected to stress because of the change in routine. This has the potential to impact conditions (i.e. anxiety, mobility, arthritic pain, etc.) to become active or more severe. Pets may also be at a higher risk of exposure to respiratory illnesses in boarding settings.

We will make every effort to contact you and your additional contact if your pet becomes ill or injured. Should we be unable to contact you, we will contact the person we have on file as your emergency contact. Your emergency contact person is authorized to pick up your pet and make medical decisions for your pet should you be unavailable. They should also be capable of covering any charges to the veterinarian that may arise.

Pet(s) Name: \_\_\_\_\_ Breed(s): \_\_\_\_\_ Age(s): \_\_\_\_\_

Current Health Condition: \_\_\_\_\_ Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor

Age Related Concerns: \_\_\_\_\_ None \_\_\_\_\_ Vision \_\_\_\_\_ Hearing \_\_\_\_\_ Cognitive \_\_\_\_\_ Arthritic

\_\_\_\_\_ Other: (specify) \_\_\_\_\_

Other health conditions we should be aware of: \_\_\_\_\_

If you have pet insurance, please list the provider: \_\_\_\_\_ Policy #: \_\_\_\_\_

If a medical situation arises, what medical care may we provide your pet until we reach you? (Check all that apply)

1. ☐ Make every effort possible to save my pet's life until I can be reached regardless of cost.
2. ☐ Treat my pet as advised by the veterinarian up to this dollar amount until I can be reached: \$ \_\_\_\_\_
3. ☐ Treatment as advised by the veterinarian, but no heroic measures (DNR)
4. ☐ Treat, but with these limitations (i.e. no surgery, no anesthesia, etc.) \_\_\_\_\_
5. Should my pet pass and I am not reachable I would like: ☐ the body held for my return; ☐ the body cremated and ashes returned to me; or ☐ the body cremated and the ashes NOT returned.

**I have read the above noted agreement and fully understand its terms and conditions. I agree not to hold Happy Paws Kennels, Inc., or any staff members responsible for any illness or death of my pet while he/she is in their care. I authorize these options to be used in the future unless I fill out another form. I understand that all veterinary charges regarding my pet's health are my responsibility.**

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

Printed Name: \_\_\_\_\_