6677 Midway Road
Dixon, CA 95620

Phone: 707-678-6600

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 <u>NOT</u> traveling** with you whom you authorize <u>to make decisions on your behalf</u> and to pick up your pet in an emergency):

Name: _____ Relationship: _____ Phone: _____

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

_____

Veterinarian/Clinic Name: _____

AGREEMENT:

1. By signing this agreement and leaving the pet(s) listed on the attachment with Happy Paws Kennels, owner certifies to the accuracy of all information given about said pet.
2. Happy Paws Kennels shall exercise reasonable care for the pet while in our custody.
3. We hereby incorporate the Pet Photo Release Form and Medical 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 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. Happy Paws Kennels shall make every effort to contact the owner. Happy Paws Kennels 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 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. 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. (Please see the Medical Release Form)
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)*

1st 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? _____

_____

2nd 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? _____

_____

3rd 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? _____

_____

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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 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.

_____ _____

Signature Date

_____

Printed Name

Happy Paws
Kennels

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, 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: _____