

460 St. Philips Rd N.

Evansville, IN 47712

(812) 430-7857

[PawsPetcation@gmail.com](mailto:PawsPetcation@gmail.com)

How did you hear about Paws Petcation?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Cell Phone: ( )\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_Alternate Phone: ( )\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_

Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**In Case of Emergency (Contact)**

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

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Cell Phone ( ) \_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_ Work ( ) \_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Veterinarian:

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_Zip\_\_\_\_\_\_\_\_

**Immunization Records Required (need 1 week before boarding)**

**Owner must provide a copy or email at** [**PawsPetcation@gmail.com**](mailto:PawsPetcation@gmail.com)

**Bordetella is recommended at least 2 wks before boarding.**

**DOGS CATS**

**Bordetella FVRCP**

**Rabies Rabies**

**DHLPP FeLV**

**(Flu vaccine recommended but not required)**

**Pet parents please bring enough food for your dogs/cats stay with instructions**

**Optional: Toys, treats and clean bedding.**



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**PAWS PETCATION LLC, PET CARE AGREEMENT**

**Your Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_**

**Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Dogs/Cats Name: \_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_Age:\_\_\_\_/\_\_\_\_\_\_\_ Breed: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **I further understand that Paws Petcation LLC, has relied upon my representation that my dog/cat is in good health and has not injured or shown aggression or threatening behavior to any person or dog/cat in admitting my dog/cat for services at their facility.**
2. **I further understand that Paws Petcation LLC, their owners, staff, partners and volunteers, will not be liable, financially or otherwise, for injuries to my dog/cat, myself or any property of mine while my dog is participating in services provided by Paws Petcation LLC.**

**I hereby release Paws Petcation LLC of any liability of any kind arising from my dogs/cats participation in any and all services provided by Paws Petcation LLC.**

* 1. **I further understand and agree that any problems with my dog/cat behavioral, medical or otherwise will be treated as deemed best by staff of Paws Petcation LLC, in there sole discretion, and in what they view as the best interest of the animal. 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/cat.**
  2. **I further understand that there are risks and benefits associated with group socialization of dogs/cats. I agree that the benefits outweigh the risks and that I accept the risk. I desire a socialized environment for my dog while attending services provided by Paws Petcation LLC, and while in their care. I understand that for my dog/cat while the socialization and play is closely and carefully monitored by Paws Petcation, LLC staff to prevent injury, it is still possible that during the course of normal play my dog may receive minor nicks and scratches for roughhousing with other dogs/cats. Any injuries to my dogs/cats may will be pointed out by staff upon pick-up.**
  3. **I understand by allowing my dog to participate in services offered by Paws Petcation LLC. I hereby agree to allow Paws Petcation LLC, to take photographs or use images of my pet in print form or otherwise for publication and/or promotion.**
  4. **I further understand that I am solely responsible, financially or otherwise, for any harm,injury or damage caused to another person's pet property or person by my dog/cat while my dog/cat is attending any services provided by Paws Petcation LLC, and I will defend, indemnify and harmless Paws Petcation, LLC from liability to said person.**
  5. **I understand that if my dog/cat is not pick up on time or by a date specified in a separate agreement. I hereby authorized Paws Petcation LLC to take whatever action is deemed necessary for the continuing care of my dog/cat. I will PAY PAWS PETCATION LLC the cost of any such continuing care upon demand by Paws Petcation LLC. I understand that if I do not pick up my animal, Paws Petcation LLC will proceed accordingly to the guidelines provided by Indiana statutes governing abandonment of animals and property by owner, and procedures for handling. I also acknowledge that I will be fully responsible for all attorney's fees and associated cost incurred by Paws Petcation, LLC arising out of the rights, duties or enforcement of this agreement. if I abandon by dog(s)/cat(s).**

**SIGNATURE OF OWNER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PRINTED NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**