

## Client Information and Application

Name:			
Street Address:	er dan Laure da i		
City:	Zip Code:		
E-mail Address:	Home Phone:		
Work Phone:	Mobile Phone:		
Dog's Name:	Breed: _	Spayed/Neutered Y N	
DOB:	_ Sex: M F Weight:	Spayed/Neutered Y N	
Vatarinarian:	Dhone N		
v etermarian.	Phone Number:		
<b>Emergency Contact:</b>			
	Phone N	umher	
Name:	Phone Number: Phone Number:		
Name:	Phone N	umber:	
Traine.			
Vaccinations (copy must	he attached):		
(co <b>p</b> ), <b></b>	20 uttuened).		
What is your dog's diet (	be specific)?	-right 9.1" [t	
Brand		Times per Day	
Dry:	ara Kinau hig <u>isa</u>		
Wet:			
Acres with a reduceroustion Chin	the man field belyful!		
Any special medications of	or treatments?		
_			
Does your dog have any l	nealth issues that would restr	rict activities or movement?	
Use your doc ouffered		1 1	
If so, please explain:	communicable diseases in t	the last 30 days? Y N	
ii so, please explain.			
How long have you had yo	our dog?		
rion long have you had yo	our dog		
Where did you get your do	og?		
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	7		
If adopted, do you have an	y information on your dog's	history?	
		, <u> </u>	



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Does your dog have allergies?
Is your dog social with other dogs and animals?
Does your dog go to dog parks?  If yes, how does (s)he act?
What does you dog do when you are not at home?
Are there people that your dog fears or dislikes?
Any dogs (Large? Small? Puppies?)
Does your dog have food or toy aggression toward people or other dogs?
Has your dog ever bit anyone?
Does your dog climb fences? How high?
Any other information that we may find helpful?
(C) Visnet Custoe is Open 2 of 15 of
Westerds E & AM-10 00 AM 4 00 PM-9600 PM
How did you learn about Planet Canine?

## **RULES AND REGULATIONS**

(1) All dogs must have up-to-date vaccinations.

Owners must submit proof that their dogs received DHLPPC, Rabies, and Bordatella vaccinations within the last 7 days – 11 months.

All dogs must be in good health.

Owners will need to certify that their dog is in good health and has not been ill with a communicable condition in the last 30 days. On admission, all dogs must be free from any condition, which could potentially jeopardize other guests. Dogs who have been ill in the last 30 days will require a veterinarian certification of health to be admitted or re-admitted.

(3) All dogs must be non-aggressive.

Owners will need to certify that their dog has not harmed or shown any aggressive behavior towards any person or any other dogs. Please remember that your pet will be spending time with other pets and that their safety and health is our main concern.

- (4) All dogs must have a complete, up-to-date and approved Client Information Application and Agreement on file.
- (5) Fees are due and payable in advance and are nontransferable. Planet Canine does not give refunds; store credit only.
- (6) Planet Canine is Open:

Monday - Friday 7:00 AM-11:00 AM

3:00 PM-7:00 PM

Weekends

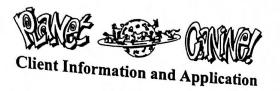
8:00 AM-10:00 AM

4:00 PM-6:00 PM

- (7) Reservations are requested and boarding is on first come first served basis. Daycare preference will be given to dogs attending full-time.
- (8) Planet Canine is not responsible for owners' non-essential items left on the premises, e.g. bedding, toys, and leashes.

I certify that the information listed above is complete and accurate to the best of my knowledge.

	Date:
(signature of owner)	-



## Agreement

- (1) I understand that I am solely responsible for any harm caused by my dog while my dog is staying at Planet Canine.
- I further understand and agree that in admitting my dog to Planet Canine, Planet Canine has relied upon my representation that my dog is in good health and has not harmed or shown aggressive behavior towards any person or towards any other dog.
- (3) I further understand and agree that Planet Canine and their staff will not be liable for any problems that develop provided that reasonable care and precautions are followed, and I hereby release them from liability of any kind whatsoever arising from my dog's attendance and participation at Planet Canine.
- (4) I further certify that I am sole owner of this pet, free and clear of all liens and encumbrances.
- I further understand that if my dog becomes ill or the state of the animal's health otherwise requires professional attention, Planet Canine, in its sole discretion, may engage the services of a veterinarian or administer medicine or give other requisite attention to the animal; and the expenses shall be paid by me.
- (6) I further understand that this Contract contains the entire agreement between Planet Canine and myself, and that all terms and conditions of this Contract shall be binding on all heirs, administrators, and personal representatives and assigns of Planet Canine and myself.
- (7) I further understand that any controversy or claim arising out of this Contract, or the breach thereof, or as a result of any claim or controversy involving the alleged negligence by any party to this Contract, shall be settled in arbitration in accordance with the rules of the American Arbitration Association; and judgment upon the award rendered by an arbitrator may be entered in any Court having jurisdiction thereof. The arbitrator shall, as part of her / his award, determine an award to the prevailing party of the costs of such arbitration and reasonable attorney's fees of the prevailing party.

I certify that I have read and understand the rules and regulations set forth on the preceding page and that I have read and understand this agreement. I agree to abide by the rules and regulations and accept all terms, conditions, and statements of this agreement.