

Pawsmere Pet Retreat llc

Your Dog's Home Away from Home!

New Client(s) Information:

Pawsmere # _____

Owner's Name: _____

Address: _____

Contact Phone: _____

Email: _____

Name of Emergency Contact Person in Case of Emergency:

Emergency Contact's Phone: _____

Person(s) Authorized to Drop off and/ or pick up the dog(s)?

Medical Treatment Release and Medicine Waiver:

During my absence, I hereby authorize Michelle Holcomb, dba/ Pawsmere Pet Retreat LLC, to seek medical treatment for any of my dog(s) if needed and administer medications the vet might prescribe. I will remain fully responsible to pay all medical expenses whether directly to the providing Veterinary of the medical treatment and/or to Michelle Holcomb, dba/ Pawsmere Pet Retreat LLC and my credit card on file will be charged for all medical expenses and treatment for the pet(s). YES____ NO____

Primary Veterinarian:

Name: _____

Address: _____

Telephone: _____

Emergency Veterinarian of Choice, must be within 25 minutes from our facility:

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Please use this page for Information on Dog #1

DOG #1 Information:

Vaccination Records Sent: YES _____ NO _____

Dog's Name: _____ Breed: _____

Male ___ Female ___ Birth Date/Age: _____ Dog's weight: _____ lbs.

Are they Spayed/Neutered? YES _____ NO _____ At what age? _____

Distinguishing marks/coloration: _____

Flea & Tick Medication: Name: _____ Applied Date: _____

Microchip Number and Information: _____

Has Dog ever been boarded or attended day play? YES _____ NO _____

Does Dog(s) have any history of aggressive behavior, growling, snapping, biting or attacking anyone or other animals? YES _____ NO _____

If yes, please explain: _____

How does your dog react to being crated or confined? _____

Does any of your dog(s) have any Fears or Separation Anxiety e.g. Lighting or fireworks?
YES _____ NO _____ If Yes, Please List _____

Has your dog ever climbed or jumped a fence? YES _____ NO _____

Have you ever left your dog alone or with unfamiliar people before? YES _____ NO _____

Has dog ever stayed in a boarding facility before? YES _____ NO _____

Feeding / Food Instructions (Dog #1):

Name of Dog's Food: _____

What time is normal feeding times? AM _____ Mid-Day _____ PM _____

How much dry food per day?

AM Feeding:	Mid-Day Feeding:	PM Feeding:
Amount: _____	Amount: _____	Amount: _____

How much wet canned food per feeding?

AM Feeding:	Mid-Day Feeding:	PM Feeding:
Amount: _____	Amount: _____	Amount: _____

Can (Dog #1) have Treats? YES _____ NO _____

Does (Dog #1) have any allergies or food sensitivities? YES _____ NO _____

If yes, Please Explain? _____

Any special request for (Dog #1) while in our care? YES _____ NO _____

If yes, Please Explain? _____

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Medication Administration Form

Please fill out Information below if Dog #1 requires medication or a supplement while in our care.

1) Medication/Supplement

Prescribing Veterinarian: _____

Medication Name: _____ Dose (mg/ml): _____

of Pills or Liquid (ml) @ Drop-Off: _____ Ointment: _____

For what condition/ailment is the pet receiving this medicine for? _____

Medication/Supplement Dosage Instruction:

AM Medication:

Mid-Day Medication:

PM Medication:

Amount: _____ Amount: _____ Amount: _____

When did the dog have this Medication last? _____

Instructions same as Bottle? YES _____ NO _____

If no Please explain, why: _____

Is there a special way to give your pet it's medication (i.e. pill pocket, wrapped in wet food etc.)? _____

2) Medication/Supplement

Prescribing Veterinarian? _____

Medication Name: _____ Dose (mg/ml) _____

of Pills or Liquid (ml) @ Drop-Off: _____ Ointment: _____

For what condition/ailment is the pet receiving this medicine for? _____

Medication/Supplement Dosage Instruction:

AM Medication:

Mid-Day Medication:

PM Medication:

Amount: _____ Amount: _____ Amount: _____

When did the pet have this Medication last? _____

Instructions same as Bottle? YES _____ NO _____

If no Please explain, why: _____

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Credit Card on File Authorization Form

This authorization form is for you, the client, to supply Pawsmere Pet Retreat llc with your credit card information. The credit card Information will be kept on file, as per the Procedures, Requirements, and Policies Agreement.

Card Information:

Type of Card: Visa Mastercard Discover Other

Cardholder Name (shown on card): _____

Credit Card Number: _____

Expiration Date (mm/yy): _____

CVV Code (3 digits code on back): _____

Card Zip Code: (credit card billing address): _____

I authorize Pawsmere Pet Retreat llc, to charge the Credit Card listed above for all payments of Pet Care Services, Boarding, Grooming, Doggy Day Care, Emergency Vet Care, Pet Supplies and any additional fees associated with the dog(s) stay with Pawsmere Pet Retreat. Authorized Cardholder agrees to pay the cost of any returned or challenged payments. By signing this authorization form, you are authorized Pawsmere Pet Retreat llc, to charge your card.

Authorized Cardholder Signature: _____

Date: _____

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Your Dog's Home Away from Home!

Authorization to Release Veterinary Records

Please fill out the information below if you need us (Pawsmere Pet Retreat) to obtain your pet's veterinary records.

Dog Owner(s) Information:

Full Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Dog(s) Information:

Name: _____

Breed: _____

Please Include Copies Of:

- Vaccination Records
- Laboratory Reports

Your Veterinarian can also email or fax your pet's records to us directly.

Please fax or email a copy of the pet(s) medical records:

To: Pawsmere Pet Retreat LLC

Attn: Michelle Holcomb

Fax: 1-800-866-1729

Email: pawsmerepetretreat@gmail.com

I hereby certify that I am the owner(s) of the Pet named in the above-described pet. Further, I hereby request and authorize this veterinarian to release the requested medical information for my pet to Pawsmere Pet Retreat.

Pet Owner's Signature: _____

Date: _____

Pawsmere Pet Retreat llc

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Agreement, Policies, Procedures and Requirements

Dog's Reservation: Once we receive your dog's reservation request, we will need to verify that your dog is up-to-date on all vaccination and current on a flea and tick preventative. As soon as we verify your dog's vaccination records and have received all the client forms back and signed, we will contact you directly to confirm your dog's reservation times and dates.

A credit card must be kept on file for all boarding dogs. We accept major credit cards (Visa, Discover, or Mastercard). There is a \$40.00 return check fee for any returned checks. Payment in full is required before your dog(s) leaves our facility.

Vaccination Requirements & Protocol: Proof of Vaccinations is required every 12 months for all pet(s) entering Pawsmere Pet Retreat facility. Except for Bordetella, which is required every 6 months. Please understand that even if your dog is vaccinated for Bordetella (kennel cough) there is a chance that your dog(s) can still contract kennel cough. Bordetella (kennel cough) is an airborne bacteria.

New vaccinations must be administered at least 7 days prior to dog's visit, this includes dog grooming/bathing and dog boarding.

- **Dogs: Required:** Canine Combination (DHPP), Rabies (1YR or 3YRS), Bordetella (every 6 months), & Flea and Tick Preventative.

We ask that you have your veterinarian's office fax or email Pawsmere Pet Retreat a copy of your dog's records showing proof of current vaccinations and the dog's flea & tick preventative. We can call them for you to request a copy but you must then complete the dog Medical Release form. The form is located in the document section on our website.

Dog Boarding Check-In and Check-Out Hours:

Dog boarding check-out times 9am - Noon Monday – Sunday. If dog(s) are not pick-up by check-out morning times, then a daycare rate \$15.00 will apply for pick-up per dog. Drop-off evening boarding times are 2pm - 6pm. If dog(s) are dropped off before 2pm for evening boarding there will be a daycare rate charge \$15.00 for the early drop-off per dog. If dog(s) are picked up after 6pm then a late evening doggy daycare \$25.00 charge will apply.

Pawsmere Pet Retreat has the right to refuse any dog(s) at check-in for any reason.

- If the dog appears to be sick. (vomiting, diarrhea, coughing)
- Injured or limping.
- Being aggressive to staff and or the other animals.
- Not vaccinated in the 7 days' time period allowed for new vaccination protocol.
- Vaccinations that are out-of-date.
- Finding fleas or ticks.
- If your dog was treated for a contagious illness or diseases, there must be a waiting period of a least 2 weeks after treatment has been completed to be allowed in the facility and must be cleared by a Licensed Veterinarian.

Boarding Cancellation Policy: Applies to any boarding cancellations, if you, the client fails to cancel a boarding reservation and or fails to give at least 48 hours' notice, the client agrees to pay a \$40.00 late boarding cancellation fee. Your credit card on file will be billed.

Payments for Unexpected Boarding: Owner(s) is aware of Pawsmere Pet Retreat hours of operation and owner understands that if the owner(s) fails to pick up dog(s) during the pick-up times, the owner then has given permission for Pawsmere Pet Retreat to board client's dog(s) overnight at the boarding rate for the night.

Pawsmere Pet Retreat llc

Your Dog's Home Away from Home!

Dog(s) Owner's Responsibility: Owner(s) agrees to be solely responsible for any and all acts of Client's dog(s) while in the care of Pawsmere Pet Retreat. Owner(s) agrees to pay for and be solely responsible for any injury or death to any Pawsmere Pet Retreat staff, other pets, and or damage to Pawsmere Pet Retreat facility while dog(s) are being boarded or groomed.

Owner(s) agrees, should any staff at Pawsmere be bitten or otherwise exposed to any diseases or ailment received from client's dog(s), it will be the owner's responsibility to pay all medical cost and damages incurred to any of Pawsmere Staff. You acknowledge that if a staff member is bitten by your dog(s), we would have to contact the appropriate authorities to report the bite.

A Release of Liability: Owner(s) understands and agrees that during normal dog play, the owner's dog could sustain an injury. Dog play are monitored at all times to best avoid injury, but bumps/bruises, punctures, scratches, possible injury to joints, ligaments or tendons may occur despite the best supervision.

Owner hereby releases Pawsmere Pet Retreat and staff of any liability of any kind whatsoever arising from or as a result of the owner's dog(s) attending any activity at Pawsmere Pet Retreat. Owner(s) agrees not to bring any claim, suit, legal action, negative social media of any kind against Pawsmere Pet Retreat or Michelle Holcomb.

In rare cases, dog(s) can become very stressed by being in a new environment and or confined. Stress can trigger destructive chewing, licking and or obsessive escape behavior. In rare cases, dog(s) can be very aggressive with chewing or licking themselves and or chewing and biting on the suite walls, doors, bedding, bowls and or the floor. They can possibly sustain an injury to their body, paws or front teeth by such destructive chewing or escape behavior.

Dog Owner(s) understands that dog may have access to a fenced outside area or may be taken outside for a walk. Dog Owner(s) understand that dog(s) could get stung or bitten by a bug while out in the fun yard or on a walk.

Dog Boarding: Dog Aggression & Meaning;

- 1) Unprovoked aggression toward staff, when approaching the cage, opening the door, when feeding or when cleaning the dog's enclosure, suite or condo.
- 2) If dog(s) growls, snarls, shows teeth, swats, scratches, or bites.
- 3) If dog(s) acts aggressively towards any staff to the degree that the staff feels unsafe removing them from their enclosure, suite or condo, the dog(s) will remain in their assigned enclosure, suite or condo for their entire stay and with limited contact. Should this situation occur, we will contact you immediately.
- 4) If the dog(s) requires lifesaving medication and the staff cannot administer it due to the dog(s) aggression, the dog(s) would be taken to a Veterinary Hospital or to the Veterinary Hospital on record, until your return. The Owner(s) agrees to be fully responsible for such medical treatment and care and for the cost of any transportation for the purposes of such treatment. Should this situation occur, we will contact you immediately.

Dog(s) Food and Medication: Owner(s) understands and agrees that it's their responsibility to leave an adequate supply of dog's food and medications for their dog(s) entire boarding time while in the care of Pawsmere Pet Retreat. Should the dog's food or medicine run out before dog(s) departure date and needs a replacement, you the client, authorize Pawsmere Pet Retreat to purchase replacement food or medication. Owner agrees will reimburse Pawsmere Pet Retreat for the cost of the dog's food and or medications plus a \$25.00 fee (per occurrence). In the event you do not provide enough food for the dog, we will make every attempt to provide the brand of food your dog normally eats. Owner(s) understands that a sudden food change in the dog's diet can stress the dog's body and digestive tract. Causing diarrhea, vomiting, bloody stool, and or refusal to eat. You acknowledge that Pawsmere Pet Retreat has informed you of the possible risk and symptoms that can occur from sudden food changes. Owner(s) release Pawsmere Pet Retreat of any liability from any sickness that may arise if the dog(s) has to be switched to our house blend.

Puppy Pee Pads: If we have to provide dog pee pads or you don't bring enough for your dog's entire stay. There's a **\$2.00 per day** extra for pee pads.

Pawsmere Pet Retreat llc

Your Dog's Home Away from Home!

Dog(s) Medication or Supplements: Dog(s) medication or Supplements must be in their original container with labels from the prescribing veterinarian.

Dog(s) not picked up on Departure Date: If the dog's Owner does not pick up the dog(s) on the agreed departure date, the dog's owner hereby authorizes Pawsmere Pet Retreat, to continue to provide daily services as set forth in this agreement at the pet owner's expense. If an extension of services is required, payment in full is required prior to extending such services, your credit card on the file will be billed for the additional days.

Abandonment of Dog(s) Procedure: Abandoned dog(s) left without any contact (via phone or email) from the owner(s) over 5 days after the originally scheduled departure date/reservation, Pawsmere Pet Retreat shall have the right, at its sole discretion, to place the dog(s) in a rescue group or animal Shelter. The owner(s) will be responsible for costs during the abandonment period prior to going to rescue or shelter. All fees accrued with the rescue group or shelter will be the responsibility of the dog's Owner.

This section does not apply to Emergency situations where Owner cannot, for some reason, pick up the dog(s) due to travel delays or health-related issues but is in contact with Pawsmere Pet Retreat. In such instance, the Owner must, on demand and without further notice, purchase additional boarding in full for the duration needed until the Owner can pick up the dog(s).

Pre-Existing Conditions, Transferrable Conditions & Illnesses: Owner acknowledges that Pawsmere Pet Retreat provides daily care for dogs. Pawsmere Pet Retreat will not be responsible for pre-existing medical conditions including but not limited to; heart conditions, skin allergies/inflammation, ear hematoma, moles, bloat, arthritis, joint issues, urinary tract infections, hip or elbow dysplasia, seizures, ear infections, eye Infections and or tumors.

Pawsmere Pet Retreat is not responsible for any of the following while at their care: (Bordetella) kennel cough, diarrhea, stomach flu, bacterial infections, ear hematoma, viral infections, skin infections, fleas, ticks, parasites, and or ailments that are transferrable from dog to dog, whether internal or external.

Veterinary Services: In the event dog(s) becomes ill, injured, unprovoked aggression or requires Emergency Veterinary care, as determined by Pawsmere Pet Retreat in its sole and absolute discretion, Owner(s) hereby authorizes Pawsmere Pet Retreat / Michelle Holcomb to obtain Emergency Veterinary care without obtaining prior approval from Owner.

Pawsmere Pet Retreat will attempt to contact the dog's personal Veterinarian on file, as well as the emergency contact information provided by Owner; however, such an emergency might not provide the time to do so. Owner(s) authorizes Pawsmere Pet Retreat to obtain medical attention for the dog from any qualified Veterinarian and to transport the pet to and from the Veterinarian if Pawsmere Pet Retreat deems such medical care is necessary for the dog's health. Owner(s) grants Pawsmere Pet Retreat's staff full decision-making power involving medical treatment of the dog. The Owner(s) agrees to be fully responsible for such medical treatment and for the cost of any transportation for the purposes of such treatment.

Agreement & Policies Acceptance: Owner(s) certifies that they have read and understood the Agreement, Policies, Procedures, and Requirements as set forth within this Agreement and Policies pages. Owner(s) agrees to accept all the terms, conditions, and statements of this agreement and Policies.

Owner(s) Signature _____ Date: _____

Pawsmere Staff Signature _____ Date: _____