



CLIENT PROFILE

Owner's Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Home: () _____ Work: () _____ Cell: () _____

E-mail: _____

How did you hear about Paws in Motion? (Referrals = free day for the pet/parent who referred you)

Veterinarian Friend / Relative Online Facebook Page Newspaper Sign / Car Signs Special Event

Referral: Name _____ Other _____

EMERGENCY CONTACT(S):

(Someone not traveling with you)

Name: _____ Number: _____ Relationship: _____

Name: _____ Number: _____ Relationship: _____

Please have these items below completed and filled out prior to your pet's first visit to Paws in Motion.

- | | |
|--|--------------------------------|
| <input type="checkbox"/> Client Profile | (One per owner) |
| <input type="checkbox"/> Pet Profile(s) | (One per pet) |
| <input type="checkbox"/> Policies Agreement | (One per owner) |
| <input type="checkbox"/> Vaccination Records | (Current records for each pet) |

I, the undersigned, hereby acknowledge and agree that all the information provided in this Application is complete and accurate to the best of my knowledge. I further acknowledge and agree that I have read, understand and agree to all terms and conditions contained in the Policies Agreement. I understand that the Policies may be amended from time to time and that a revised copy is always available in the office. I hereby execute the Agreement for my pet, myself and my heirs, successors, representatives and assigns. I further attest that if I am not the sole owner or representative of the pet subject to this application, that my signature is sufficient to enter into this Agreement for and on behalf of any other owner or representative.

Owner's Signature

Printed Name

Date

PAYMENT METHOD: (A valid credit card must be on file at all times. Visa, MasterCard, and Discover accepted.)

Type: _____ Number: _____ Expiration Date: ____/____/____ CCID # _____

Please take a few minutes to complete this Pet Profile form for your cat **(one per cat please)**. It will help us understand your cat's background, personality, and special needs so we can make his/her visit at Paws in Motion as safe and as comfortable as possible. Thank you for your time and cooperation.

PET PROFILE

Cat's Name: _____ Nickname: _____
Primary Breed(s): _____ Color: _____
Birthday date: _____ / _____ / _____ Approximate weight: _____ lbs.
Sex: Male Female Has your cat been declawed? Yes No
How long has this cat been in your family? _____ Where did you get your cat? _____

FEEDING INSTRUCTIONS:

Morning: Amount _____ cups Afternoon: Amount _____ cups Evening: Amount _____ cups
Special Instructions: _____
Is your cat allowed treats? Yes No Does this cat have any food allergies? Yes No

VETERINARY RECORDS:

Veterinary Clinic: _____ Phone: _____
Clinic Address: _____

The following vaccinations are required to be up-to-date prior to the introduction evaluation:

Rabies: _____/_____/_____ FVRCP (Distemper): _____/_____/_____

*** Owner must also provide us with veterinary proof of current vaccinations***

Please describe any medical / health issues that we should know about your cat: _____

Has your cat ever been boarded or been to the groomer before? Yes No

Please describe your cat's experience: _____

Is your cat comfortable being picked up or being handled? Yes No
Does your cat like to play with toys? Yes No
Does your cat like to be brushed? Yes No
Does your cat like to look out the window or be on a perch? Yes No

Please explain anything else we should know about your cat: _____



POLICIES AGREEMENT

In consideration for my pet being permitted to attend Paws in Motion for day and overnight boarding, I make the following representations and agree to all of the following policies, procedures, terms and conditions:

1. **REQUIREMENTS:** My pet meets the following requirements: He/she is three (3) months of age or older; is spayed or neutered (if over seven (7) months of age); is current on Rabies, Distemper, and Bordetella (dogs only) vaccinations; is in good health and free of fleas and ticks.
2. **HEALTH:** Owners will need to confirm that their pet(s) are healthy and have been free from any condition that could potentially jeopardize other guests. **Pets that have been ill with a communicable condition in the last 30 days will require veterinarian certification of health to be admitted.** All pets will be examined for signs of fleas or ticks at check-in and will not be admitted to daycare/boarding if fleas or ticks are noticed. This "spot check" is not a foolproof process. If, at any time during care, a pet is noticed to have fleas or ticks, treatment will be applied and charged to the owner for a fee of \$30.00. Excessively long toenails may cause injury. I will be notified if my pet's nails are too long. If, at my next visit, the nails have not been trimmed, Paws in Motion will have them trimmed for a fee of \$10.00.
3. **PAYMENT:** I agree to pay for all services, products, and fees with the credit card number I have provided, or by cash or check at the time I pick up my pet after each visit to Paws in Motion. I give permission for Paws in Motion to charge my credit card for any unpaid fees, services, or products. I further agree to pay the cost of any check or debit charges returned or challenged for any reason.
4. **VETERINARIAN LIABILITY AND CARE:** I agree to allow Paws in Motion to obtain medical treatment for my pet if it appears that he/she is ill, injured, or exhibits any other behavior that would reasonably suggest that my pet may need medical treatment. I agree that I am fully responsible for the cost of any such medical treatment and for the cost of any transportation for the purposes of such treatment.
5. **HOURS OF OPERATION:** Please respect the posted business hours. Paws in Motion will impose a fee for drop-offs/pick-ups outside of the normal hours. An extra \$10 will be added for each additional 15 minute time period before or after the normal hours. *This must be arranged in advance and is subject to staff availability.
6. **DEPOSITS: Holiday bookings:** A 50% deposit is required during holiday periods (New Year's, Spring Break, Easter, Memorial Day, Independence Day, Labor Day, Thanksgiving, and Christmas). **Non-Holiday bookings:** A deposit (amount equal to one night stay per pet) may be required during summer months, extended stays, and for first-time clients. We will charge your credit card for this amount or you may deliver payment. Your reservation will not be secured until we receive payment.
7. **CANCELLATION/NO-SHOW POLICY: Holiday bookings:** An amount equal to one night stay per pet will be charged if less than 7 days notice is given; up to 50% of the total reservation amount may be charged if less than 48 hours notice is given. **Non-Holiday bookings:** An amount equal to one night stay per pet will be charged if less than 48 hours notice is given.
8. **BEHAVIOR:** I understand that aggressive dogs are not permitted to attend Paws in Motion, and that if my dog acts aggressively or exhibits unacceptable behavior he/she may be separated from the other dogs. Paws in Motion will use reasonable efforts to consult pet parents about behavioral issues and ways to address them, however some dogs may be asked not to return to Paws in Motion.
9. **DOG CAM, PHOTOS AND VIDEO RELEASE:** I agree to allow Paws in Motion to use my pet's name and any images or likeness of my pet taken while he/she is at Paws in Motion, in any form, for use at any time, in any media, marketing, advertising, illustration, trade or promotional materials without compensation, and I release to Paws in Motion all rights that I may possess or claim to such image, likeness, recording, etc.
10. **PERSONAL PROPERTY:** I understand that I am solely responsible for any harm, including to any other pet(s), to the employees or invitees of Paws in Motion, or to the equipment, facilities, or other property of Paws in Motion, caused by my pet(s). I also agree that Paws in Motion shall not be responsible or liable for any lost or damaged personal property belonging either to me or my pet.
11. **ABANDONED PETS:** I agree that I will pick up my pet by the time he/she is scheduled to leave. Any pet that is left at Paws in Motion without any contact from the owner will be considered abandoned upon the seventh day. I understand that if I abandon my pet at Paws in Motion, Paws in Motion will, by default, become the legal owner and guardian of the pet. Paws in Motion will, in its sole discretion, determine whether to try to rehome and adopt the pet or will relinquish the pet to an unrelated shelter of its choice. I FULLY UNDERSTAND AND AGREE THAT IF I ABANDON MY PET AT PAWS IN MOTION, I MAY BE UNABLE TO RETRIEVE POSSESSION OF MY PET AND WILL HAVE NO RECOURSE AGAINST PAWS IN MOTION.
12. **ACCEPTANCE AND ACKNOWLEDGEMENT OF PARTICIPATION RISK:** I fully understand that: (a) there are inherent and potential risks involved with interactions between humans and pets, as well as between dogs and other dogs, which may result in property damage or bodily injury, including permanent disability, sickness or death to human or pet; and (b) there may be other risks not known to me nor readily foreseeable at this time (collectively, "risks"). I fully accept and assume all risks and responsibility for all risks, including, without limitation, all losses, costs and damages incurred as a result of my or my pet's participation.

Owner's Signature

Date