



PET CARE AGREEMENT

Client Name:		Pet(s) Name:	
Address:	City:	State:	Zip Code:
Email:	Phone:	Carrier:	
Emergency Contact:		Phone:	
Veterinarian:		Phone:	

Please read and initial each line below.

_____ I understand Pawadise, Inc. is admitting my pet(s) for services at their facility based upon my assertion that my pet(s) is/are in good health and has not injured, shown aggression toward or threatening behavior toward any person or pet.

_____ I understand and agree all issues arising with my pet(s), behavioral, medically or otherwise will be handled as deemed best by the staff of Pawadise, Inc. I understand Pawadise, Inc. Staff will attempt to contact me in the event of an emergency. However, if I am unable to be contacted, all decisions will be made at their sole discretion, and in what they believe to be the best interest of the pet(s).

_____ I understand I am solely responsible, financially or otherwise (veterinarian/medical bills, play equipment, kennel damage, etc.), for any harm or damage caused by my pet(s) while my pet(s) is/are attending any services provided by Pawadise, Inc.

_____ I understand the standard Daycare Fee will be charged if my pet is picked up after 11:00 a.m. on the day of departure.

_____ I understand the standard Late Pickup Fee will be charged if my pet is picked up after normal business hours.

_____ I understand by allowing my pet(s) to participate in services offered by Pawadise, Inc., my pet(s) is subject to being photographed. I hereby agree and authorize Pawadise, Inc. to take photographs and/or use images of my pet(s) in digital and print form for publication and/or promotion.

_____ I understand there are risks and benefits associated with the socialization of pets. I agree the benefits outweigh the risks and I accept the risk. I desire a socialized environment for my pet(s) while attending services provided by Pawadise, Inc. I understand while the socialization with staff and/or animals are closely and carefully monitored by Pawadise, Inc. staff to prevent injury, it is still possible for my pet(s) to receive minor nicks and scratches from interactions with the staff and/or other pets. I understand Pawadise, Inc., owners, staff, partners and/or volunteers, will not be liable, financially or otherwise, for unintentional injuries to my pet(s), me or any property of mine while my pet(s) is/are participating in services provided by Pawadise, Inc.

_____ I agree to pay all costs associated with the service(s) provided to my pet(s) at Pawadise, Inc. prior to removing my pet(s) from the facility. I understand if I fail to pay all costs for services rendered, a civil process will be initiated against me. I further understand I will be charged a two hundred-dollar (\$200) processing fee in addition to any court costs and/or judgement awarded by the court.

_____ I agree if my pet(s) is not picked up by the date and time specified at check-in, Pawadise, Inc. may take whatever action they deem necessary for the continuing care of my pet(s). I understand if, without notice, I do not pick up my pet(s) within two (2) days of the date specified at check-in, Pawadise, Inc. will proceed according to the guidelines provided by the State of North Carolina Abandoned Animal Statute for the abandonment of animals by owner.

Please read and sign on the back



MEDICAL RELEASE FORM

This Medical Release Form is required for all pets participating in or receiving services.

Ensuring your pet remains safe and well cared for while at our facility is Pawadise, Inc. and its Staff's number one priority. We rely on our grooming pet parents to provide information about pre-existing health conditions through verbal communication with the Groomer. We rely on our Boarding and Daycare pet parents to provide information about pre-existing health conditions through verbal communications with the staff and the completion of the Boarding/Daycare Application Form(P-400). Conditions not known to the owner or disclosed by the owner are outside the control of Pawadise, Inc.

In the event of an emergency requiring medical attention while my pet(s) is/are participating in Boarding, Grooming or Daycare services at Pawadise, Inc., I give permission to Pawadise, Inc. and its Staff to seek immediate medical attention at an available area veterinary facility.

I give permission to Pawadise, Inc. and its Staff to contact an area veterinary office, on my behalf, to confirm their ability to properly handle the emergency.

I give permission to Pawadise, Inc. and its Staff for my pet(s) to be transported by vehicle to the available treatment facility.

If I am unable to be contacted, I give permission to Pawadise, Inc. and its Staff to make decisions regarding care and treatment options in consultation with a licensed veterinarian.

I understand it is the goal of Pawadise, Inc. and its Staff to provide my pet with any needed medical treatment as quickly as possible. Because of this, I understand in extreme emergencies I may be notified after medical treatment has begun. In these situations, I give permission to Pawadise, Inc. and its Staff to make decisions regarding care and treatment options for my pet in consultation with a licensed veterinarian.

I understand I am financially responsible for any medical treatment my pet(s) receives as a result of a medical emergency while attending services provided by Pawadise Inc.

Owner's Printed Name:	
Signature of Owner:	Date:
Reviewing Staff Member:	Date: