

Pets Name: _____



Kennel use. Date _____ Init _____

Please complete for each owner, if applicable:

(1) Name _____
Address _____
City _____ St _____ Zip _____
Phone (Home) _____
(Work) _____ Ext. _____
(Cell) _____
Email address _____

(2) Name _____
Address _____
City _____ St _____ Zip _____
Phone (Home) _____
(Work) _____ Ext _____
(Cell) _____
Email address _____

Emergency Contact Information –Please tell us whom to contact in case of an emergency:

1) Name _____ Phone _____
2) Name _____ Phone _____

If anyone other than the owner has permission to pick up your dog, please give us their names:

Names _____

Veterinary Information

Name of Veterinarian _____

Name of Clinic _____ Phone _____

Date of last DHLPP (Distemper, etc.) inoculation _____

Is your dog vaccinated for Kennel Cough? Yes, date _____ No

Pet 1- Rabies expiration date _____

Pet 2 - Rabies expiration date _____

Checked by _____ Date _____

Checked by _____ Date _____

As a condition of using our services for your pets, the following Waiver & Assumption to Hold Harmless must be signed:

By choosing to utilize the services, participate in activities, or board my pet(s) at Suzy's Bed and Biscuit, LLC, I agree to the following:

- I agree to pay the rates that are in effect at the time my pet is at Suzy's Bed and Biscuit. I am aware that extra charges may be incurred and I agree to pay them at the time of pick-up. Examples include, but are not limited to: Daycare and boarding.
- I understand that on entering Suzy's Bed and Biscuit my pet will be examined for fleas. If fleas are found, a natural flea repellent bath will be administered at my expense. Suzy's Bed and Biscuit may also choose to not accept a pet with fleas.
- If my dog participates in playgroup or daycare, I understand that an interactive play setting is not without some risk of injury, that despite all the dogs appearing healthy and being handled with the greatest amount of care and foresight, dogs are not always predictable and the unexpected may occur. I recognize that the benefits of an interactive playgroup are valuable to my dog, and accept the potential risks. I further agree to pay veterinary/medical expenses incurred as a result of injury to or caused by my dog.
- If my pet appears to be ill, I authorize Suzy's Bed and Biscuit to engage in the services of a veterinarian at my expense, to give other requisite attention, and to make whatever decisions are required for my pet's veterinary treatment. I agree to pay all veterinary charges incurred by my pet while in the care of Suzy's Bed and Biscuit. I will not hold Suzy's Bed and Biscuit liable for failure to see veterinary attention or for decisions made under this contract.
- I understand that Suzy's Bed and Biscuit will exercise all due diligence and care in the guardianship of my pet. I hereby waive and release Suzy's Bed and Biscuit, LLC, it's employees, owners and agents from any all liability of any nature, for injury or damage, including that which may result from the action of any dog including my own, and I expressly assume the risk of such damage or injury while my dog participates or attends any function of Suzy's Bed and Biscuit, while on the grounds or the surrounding area thereto.

On behalf of myself and any and all other owners of this pet, I have read and agree to the terms of contract. I warrant that I have the authority to represent any and all other owners of this pet in signing this contract.

Signed _____ Date _____

Print name _____

Rev date 4/2015