

586-778-0000

Date: _____

Dog Information:

Name: _____

Breed: _____

Age: _____ Sex: _____

Weight: _____ Color: _____

Spayed _____ Neutered _____ Intact _____

Client Information:

Owners Name: _____

Address: _____ City _____ State _____ Zip _____

Home Phone: _____ Cell: _____

Work: _____ Email: _____

How Did You Hear About Us: Friend Newspaper Internet Drive-By

Emergency Contact/ Others Authorized to Pick Up Your Dog:

First Choice:

Name: _____

Address: _____

Phone: _____

Second Choice:

Name: _____

Address: _____

Phone: _____

Veterinarian Information:

Name: _____

Address: _____

Telephone: _____

Welcome & Thank you for your interest in our facility. Our promise to you is to provide a safe, healthy and happy environment that tends to all your canine companions physical and emotional needs during their stay with us.

Our facility has been designed to be large enough to accommodate all your canine companions needs, yet not so large as to take away from our personalized family-like atmosphere.

We strive to meet all your expectations in caring for your canine family member. We hope your companion enjoys their stay as much as we love having them here.

At American Pets Inn we take pictures of the dogs playing and utilizing our boarding facility. However, we understand that some people may choose not to have their pets photos used and we would like to respect their wishes.

PHOTO USAGE PERMISSION REQUEST

I hereby agree to give American Pets Inn permission to use photos of my pet(s) for the purpose of décor and to promote our facility through our website, Facebook, publications, advertisements and tradeshow.

X _____

Medical Information:

Vaccination Requirements:

It is the responsibility of the client to provide proof of vaccinations or to supply a veterinary waiver to be considered by API for each animal attending. Dogs whose vaccines are not up-to-date and also cannot supply a veterinary waiver will not be allowed to attend.

Expiration Date: Rabies: _____ DHLPP: _____
Bordetella: _____ Fecal: _____

OWNER UNDERSTANDS THAT ALTHOUGH DOG(S) MAY BE UP TO DATE ON ALL ABOVE VACCINES, THIS IS NO GUARANTEE AGAINST DISEASE. I AGREE THAT I WILL NOT HOLD AMERICAN PETS INN RESPONSIBLE IF MY DOG(S) CONTRACT ANY DISEASE INCLUDING KENNEL COUGH. _____(INITIAL)

Please list any current medical problems:

I understand American Pets Inn will do all that is necessary to keep my pet safe. However, in the event that my dog becomes ill or injured, I understand API's protocol to be as follows:

*** API will attempt to contact owner first and all emergency contacts second, to obtain my wishes for my dogs care. I understand that transportation to a veterinarian of my choice will be my responsibility. ***

Only in an emergency situation will an employee from API transport my dog to an emergency center, in which case it will be the closest veterinarian. I agree to hold API harmless in the event of injury during transport.

Signature: _____

Date: _____

Flea Policy and Waiver

I understand American Pets Inn will do all that is necessary to keep my pet safe. However as you know fleas, parasites and viruses are not always so obvious. Our staff will inform owners immediately if any fleas or other parasites are found.

If your dog is found to have fleas or if any other specific symptoms and/or even one flea has been spotted we will do one of the following things if the one cannot be contacted to pick up immediately:

- Administer a flea bath and/or give a topical treatment at the expense of the owner

I further understand that American Pets Inn has the right to refuse your dog if treatment has not been provided.

By signing this waiver, you are indicating that you accept responsibility and hold harmless American Pets Inn should your dog get fleas, parasite or viruses.

Signature of Owner: _____

Date: _____

Pet Care Authorization & Release:

1. American Pets Inn (API), its owners, employees, officers, directors and agents will exercise reasonable care for the safety of your dog, and to keep the boarding premises sanitary and properly enclosed. Animals will be fed properly and regularly, and housed in clean, safe quarters. API cannot guarantee against accidents, absent negligence on our part, and we cannot be liable for loss or damage by or to animals at this facility. _____ (initial)

2. Owner understands and agrees that the Owner is solely responsible for a harm caused by Owner's dog(s) to another dog or to a person while at API. I agree to indemnify and subrogate API from any action which may be brought against it, and for any defense, settlement or judgment against it. Owner will assume liability for the action of Owner's dog(s). _____ (initial)

3. Owner understands the concept of dog daycare/group play and overnight boarding is to allow dogs to be socialized by interacting with people and dogs. Dogs in daycare/group play may toss toys, jump and romp with other dogs,. Although these activities are supervised, anytime dogs play together, there is a possibility of injury from rough play or combative behavior. Owner agrees that any injury or emotional distress to their dog incurred during their use of the facilities shall not bring any liability of any type on the part of API in the absence of gross negligence. _____ (initial)

4. Group play is not for dogs that have temperament problems such as aggression or extreme shyness with either dogs or people. If your dog is found to exhibit any of these behaviors they will be removed from the playgroup and Owner will receive an explanation as to why Owners dog was removed. API has a NO TOLERANCE POLICY. The daily fee will not be refunded for this day of daycare. _____(initial)

5. API is authorized by the Owner to see veterinary advice or care, including emergency care, at the Owner's expense. If we believe your pet is in need of veterinary care, if time permits we will try to contact you before obtaining that care, but this document serves as our authorization to obtain veterinary care for your pet regardless. The owner is responsible for expenses of veterinary care and transportation, whether or not you have been reached in advance. The owner agrees that API, in its discretion, give medication or other attention when we deem it necessary for the safety and health of the animal. _____ (initial)

6. API reserves the right to refuse to accept a dog at Check-in if it appears to us, in our sole discretion, that such dog is sick or that its behavior could jeopardize the health or safety of other pets or our staff. _____ (initial)

7. For the purpose of this contract, the term "abandoned" which means to forsake entirely, or to neglect or refuse to provide or perform the legal obligations for care of an animal by its owners, or his agent. Such abandonment shall constitute the relinquishment of all rights and claims by the owner to such animal. _____ (initial)

8. Owner agrees to pay the rate for boarding and/or daycare in effect on the date the dog is checked into the facility. If any charges are not paid within ten days after invoices, interest will accrue at 10% per year. Any collection expenses, including attorney fees, shall be paid by the owner. Owner further agrees that the dog shall not leave the facility until all charges are paid by the Owner. Checkout time is 12:00PM. Any dog picked up before 12:00 PM will not be charged for the day of pick-up. Any dog picked up after 12:00 PM will be charged for the day of pick-up. All dogs departing Sunday will not be charged for that day. Daycare dogs must be picked up by the closing time of the business day. If not picked up by closing time they will be placed in our boarding facility for an additional charge of \$28.00 and will be available for pick up the next business day. _____ (initial)

9. This contract contains the entire agreement between the parties. All terms and conditions of this contract shall be binding on the heirs, administrators, personal representatives and assigns of Owner and API . Owner recognizes that Owner may give up legal rights by signing “Pet Care Authorization & Release” and knowingly do so as partial consideration for allowing API to care for my dog. _____(initial)

10. If my dog passes away while in the custody of API, API will use reasonable efforts to notify me as soon as possible. API will take my dog’s body to my veterinarian if it is reasonably convenient for API to do so. Owner agrees to pay any veterinarian expenses immediately upon demand. _____(initial)

11. Owner may request to have dog transported to and from API as deemed necessary. The transport service is required to carry all appropriate insurance and Owner agrees to hold API harmless in the event of injury, accident or death while being transported. _____ (initial)

12. Owner covenants not to initiate legal proceedings of any sort against API as a result of injury, illness, death or damage to Owner’s dog arising out of the dog’s stay at API in absence of gross negligence and further agree that, should Owner bring a legal action against API, the proper result of such legal action should be a summary dismissal in favor of API and Owner further agrees to pay API costs, including but not limited to, reasonable attorney’s fees. _____ (initial)

13. Owner agrees that by signing the “Pet Care Authorization & Release” one time that it remains in full force and effect each and every time Owner brings Owners dog to API for any of API services including training classes. _____ (initial)

14. Owner understands and agrees that in the event that any portion of this agreement shall be found void or unenforceable for any reason all other portions of this agreement will remain in full force and effect. _____ (initial)

15. Cancellation Policy: Should it occur that you must cancel your booking, please do so as soon as possible. Cancellations and No-Shows that take place with 24 hours of drop off date will be charged a non-refundable daily rate. Cancelled and No-Show holiday bookings are non-refundable and will be charged the entire cancelled or no-show stay. _____ (initial)

I HAVE READ, UNDERSTAND AND AGREE TO ALL PROVISIONS OF THIS

AUTHORIZATION. I fully intend to pickup my dog on the specified date. If circumstances change I will notify API of the new pick up time and assume responsibility for any additional charges incurred.

Owner hereby waives and release API and their employees from any and all liability for injury or damage resulting from the actions of my dog, any other dog, or any humans at the API facility. I expressly assume the risk of any injury to my dog including any and all medical expenses resulting from or relating to said injury, subject to the stipulations set forth in the Authorization above.

I hereby agree to the forgoing as the owner of the aforementioned dog(s). I further certify that my dog(s) is (are) in good health and have not been ill with any communicable condition nor exposed to any communicable disease within the last 30 days. Moreover, I certify to the accuracy of all information given about my dog(s) and that my dog(s) have not harmed or show aggression or threatening behavior toward any person or animal. I have read and understand the forgoing.

Owner Signature: _____ Date _____

****Terms and Requirements are subject to change at any time without notification****

MEDICAL RELEASE FORM

This is a required form all American Pets Inn Daycare Dogs receiving services.

First and Foremost the safety and welling being for your pet(s) is of the highest importance. Insurance that your pet remains safe and well cared for is our first responsibility and as such we take it very seriously. We do our best to have our customers screen for pre-existing health conditions but some factor may be beyond our control. In the event that a medical emergency arises wile a pet is at our facility or participating in a service that we provide it is imperative that we are immediately able to get them medical treatment at the closest available facility. We will call ahead to the veterinary offices in the closest proximity geographically to us to insure they can handle the emergency present. Your pet will be rushed to the closest available facility for treat and you will be notified. We notify the owner after we have secured a medical treatment center for the animal to avoid delays that may be caused by emotion on the part of the owner. Our goal is to get our pet medical attention as quickly as humanly possible, and any distractions may interfere with that process.

For that reason, it is a requirement to have our pet(s) parents sign this form.

I UNDERSTAND THAT IN THE EVENT OF A MEDICAL EMERGANCY THAT AMERICAN PET'S INN, AT ITS SOLE DISCRETION, DEEMS TO NEED THE IMMEDIATE ATTENTION OF A LICENSED VETERINARIAN, I AUTHORIZE AMERICAN PET'S INN TO SEEK MEDICAL ATTENTION AT THE CLOSEST AVAILABLE VERTERINARY FACILITY. I FURTHER AGREE THAT I AM FINANCIALLY RESPONSIBLE FOR ANY MEDICAL THREAMENT THE MY PET(S) RECEIVE AS A RESULT OF A MEDICAL EMERGENCY WHILE ATTENDING SERVICES PROVIDED BY AMERICAN PET'S INN.

Signature of Owner _____ Date: _____

Printed Name _____

PET CARE AGREEMENT

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: () _____ - _____ Work Phone: () _____ - _____

Dog's Name(s) _____ Age: _____ Breed: _____

1. I further understand that American Pet's Inn has relied upon my representation that my dog is in good health and has not injured or show aggression or threatening behavior to any person or dog in admitting my dog for services at their facility.
2. If further understand that that their owners, staff, partners and volunteers, will not be liable, financially or otherwise, for injuries to my dog, me or nay property of mine while my dog is participating in services provided by American Pet's Inn. I hereby release American Pets Inn of any liability of any kind arising from my dog's participation in any and all services provided by American Pet's Inn.
3. I further understand and agree that any problems with my dog, behavioral, medical or discretion, and in what they view as the best interest of the animal. I understand that I assume full responsibility and all liability for any and all expenses involved in regards to the behavior and health of my dog.
4. I further understand the benefits outweigh the risks and I that I accept the risk. I desire a socialized environment for my dog while attending services provided by American Pets Inn and while in their care. I understand that while the socialization and play is closely and carefully monitored by American Pet's Inn staff to prevent injury, it is still possible that during the course of normal play my dog may receive minor nicks and scratches from roughhousing with other dogs. Any injuries to my dog will be pointed out by staff upon pick-up. I further understand that I am solely responsible, financially or otherwise, for any harm or damage caused by my dog while my dog is attending any services provided by American Pets Inn.
5. I understand that if my dog is not picked up on time or by a date specified in a separate agreement I hereby authorize American Pet's Inn to take whatever action is deemed necessary for the continuing care of my dog. I will pay American Pet's Inn the cost of any such continuing care upon demand by American Pet's Inn. I understand that if I do not pick up my animal, American Pet's Inn will proceed according to the guidelines provided by (Michigan's Abandoned Animal Statute) Abandonment of animals by owner; procedure for handling. I also acknowledge that I will be fully responsible for all attorneys' fees and associated costs if I abandon my dog.

Signature of Owner: _____ Date: _____