



Where K-9's Stay in Royal Suites!

Customer Application Form

Phone Number (Main): _____ Owner's Name: _____

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

E-mail Address: _____

May we send you E-mails like newsletters, confirmations & updates? () Yes () No

Additional Phone Numbers:

Work: _____ Home: _____ Spouse: _____

Emergency Contacts (Other than Owners)

Emergency Contact (1): _____ Phone #: _____

Emergency Contact (2): _____ Phone #: _____

Pet Name (1): _____

Breed: _____ Weight: _____ Birthday: _____ Color: _____

Sex: () M () F Neutered / Spayed? () Y () N

Pet Name (2): _____

Breed: _____ Weight: _____ Birthday: _____ Color: _____

Sex: () M () F Neutered / Spayed? () Y () N

Pet Name (3): _____

Breed: _____ Weight: _____ Birthday: _____ Color: _____

Sex: () M () F Neutered / Spayed? () Y () N

1283 Brookside Industrial Dr SE • Ste 160 • Mableton, GA 30126

ph: 404.699.0047 • info@happypawsinn.net



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Feeding Instructions:

All campers' dry food must be brought in a pre-measured container or plastic bag, one bag per meal. We only give the food and treats you provide from home.

For Emergency Purposes Only:

What brand(s) of dog food do you feed your dog? _____

BOARDING FEEDING INSTRUCTIONS:

Total # of meals per day _____ Amount of Food per Meal? _____

Breakfast? () Y () N **Lunch?** () Y () N **Dinner?** () Y () N

Are we mixing wet food in with the dry? () YES () NO

If yes, what amount (per can) gets mixed in per feeding? _____

Does your camper have ANY food allergies? () Yes () No

If yes, what: _____

MEDICATIONS: Does your pet need to be given medications? () YES () NO

Medications are administered at no cost. **(We do not give shots!)**

If yes, give detailed instructions:

1. Medication Name: _____ Time to be given: _____

Amount given: _____ How given: _____

2. Medication Name: _____ Time to be given: _____

Amount given: _____ How given: _____

Does your pet have any physical limitations? () YES () NO

If yes, please explain: _____

Has your pet had any recent injuries or operations prior to boarding?

() Yes () No If yes, please explain _____

(If your pet is injured at home, PLEASE tell us so we can give rest periods.)

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THE VACCINES WE REQUIRE ARE AS FOLLOWS:

**DHLPP & Rabies (current & up to date),
& Bordetella (every 6 months for Daycare)**

Puppies without any of the above shots will not be accepted!

If your records expire in our system, we cannot let the dog in!

Flea and Heartworm treatments are required to be performed regularly.

Owner's Signature: _____ **Date:** _____

My signature is verification that the information on this form is true and correct and that I am the owner of the pet and therefore am authorized to give the instructions as listed. I acknowledge it is my responsibility to notify Happy Paws Inn in writing of any changes I want made to the care and feeding of my pet.

Veterinarian Information:

Name: _____ Phone #: _____

If we must seek medical care while in your absence, will your Vet do a direct bill to you?
 Yes No I don't know.

Use this form as my permission to my Vet to bill me directly for services rendered in my absence.

Owner's Signature: _____ **Date:** _____

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Daycare / Boarding Agreement

Agreement made on _____, 20____, by and between Happy Paws Inn, LLC and _____, owner(s) of pet(s) named _____.

1. OWNER REPRESENTATIVE

Owner represents that their pet(s) is in all respects healthy and has received all required and customary shots and that said pet(s) does not suffer any disability, illness, or condition which could affect said pet(s), other pet(s), or kennel attendant's safety at Happy Paws Inn, LLC.

2. ACKNOWLEDGEMENT OF RISKS AND RESPONSIBILITIES

I, the undersigned, recognize that there is an inherent risk of injury or illness in any environment associated with cageless/social dog sitting and dog walking. I also recognize that such risks include, without limitation, injuries or illnesses resulting from fights, rough play, contagious diseases, unwanted pregnancies, outside food scraps, and uncontrolled dogs on the street and in parks and traffic accidents. Knowing these inherent risks and dangers, I warrant that I, or the Owner for whom I am signing as adult guardian, will abide by all safety rules and instructions. I agree by this contract to assume full responsibility and hold Happy Paws Inn, LLC, Georgia, its agents or employees, harmless for said pet(s) illness, bodily injury, death, or other damage as a result of any incident including my or other's negligence, except to the extent that damage or injury may be due to the willful misconduct of Happy Paws Inn, LLC. I further agree to hold Happy Paws Inn, LLC, harmless and indemnify it against all defense costs, fees and business losses resulting from any claim I may make or cause to be made against Happy Paws Inn, LLC, for which it, its agents, or employees are not ultimately held to be legally responsible.

3. OWNER LIABILITY

I, the undersigned, expressly agree to be held responsible for any damage or cost incurred by my pet(s), including medical costs, destruction of cushions, furniture, gates, walls, linoleum, or property.

4. LIMITATIONS ON CAGELESS/SOCIAL DOG SITTING

I, the undersigned, understand that if my pet(s) displays aggressive behavior, that for the safety and health of my pet and others, my pet(s) will either be confined to a kennel, or separate room (with walks if necessary), for the remainder of his/her stay with no offset or deduction in price, or be disqualified as a Happy Paws Inn, LLC customer.

I REPRESENT THAT I HAVE MADE FULL DISCLOSURE AND HAVE READ, UNDERSTAND, AND ACCEPT THE TERMS AND CONDITIONS STATED IN THIS AGREEMENT, AND ACKNOWLEDGE THAT THIS AGREEMENT SHALL BE EFFECTIVE AND BINDING UPON THE PARTIES.

OWNER(S) _____ (or agent of owner)

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Authorization for Emergency Medical Treatment

The undersigned Owner, or authorized agent, of the animal named _____, hereby authorizes a licensed veterinarian, and whoever may be designated as assistants, to administer such treatments and to perform such procedures as are considered therapeutically or diagnostically necessary for the care of my animal, including the administration of anesthesia.

In the event that emergency treatment is required, I authorize the veterinary staff and their assistants to perform medical and surgical treatments necessary to preserve the life of the patient until I can be contacted for further authorization.

I understand that no guarantee of successful treatment is made. I accept financial responsibility for the treatment of the above-named patient, and I understand that payment in full is due upon release of the patient from the veterinary hospital, or when service is otherwise terminated. I understand that I am entitled to a written estimate of charges at my request.

Veterinary service is provided during nighttime hours as necessary in the judgment of the veterinarian in charge. Continuous presence of qualified personnel may not be provided.

I certify that I have read and fully understand this authorization for emergency medical treatment, the reasons why such treatment is considered necessary, as well as the advantages and possible complications.

I hereby release Happy Paws Inn, LLC, and all staff, from any and all claims arising out of such an emergency situation.

I REPRESENT THAT I HAVE MADE FULL DISCLOSURE AND HAVE READ, UNDERSTAND, AND ACCEPT THE TERMS AND CONDITIONS STATED IN THIS AGREEMENT, AND ACKNOWLEDGE THAT THIS AGREEMENT SHALL BE EFFECTIVE AND BINDING UPON THE PARTIES.

OWNER (S) _____ (or agent of owner)

(If under 18, parent or guardian must also sign)

DATE _____

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POLICIES & PROCEDURES

In an effort to give a better “overall” understanding of our Policies & Procedures we have put together this brief outline. Please review and **initial** all policies and procedures below, and return to front desk on your campers first day of daycare. If you would like a copy returned to you, please let the front desk person know and we will return a copy to you when you pick up your new camper.

GENERAL POLICIES:

- _____ Bordetella (Kennel Cough) is required EVERY 6 months for Daycare and is the responsibility of the parent. NO EXCEPTIONS!
- _____ Rabies, Distemper and Parvo are annual shots, and are the responsibility of the parents. Our system will start reminders 30 days out from expiration. However, if you have not been here within that time, there is no way to advise you in advance. To check a camper into our system, all their shots must be current and up to date. If any shots have expired, our system will not allow us to check your dog in. You can bring updated shots with you when you come to camp or have your vet fax them directly to us at 404-699-0820 when shots are received.
- _____ Flea Policy – Fleas are not permitted at Happy Paws!
- _____ Canine Wart Policy – Canine Warts ("Viral Papilloma's") is highly contagious between puppies and dogs with a compromised immune system.
- _____ Senior dogs – Once your dog reaches 8 years or older, we request that you make sure we have a current DNR on file. This advises us of your wishes if something were to happen to your senior dog while in our care.

BOARDING POLICIES:

- _____ Reservations for boarding are required. Reservations can be made through our website if desired. If you do a walk in for a board, there will be a \$10 per night extra charge.
- _____ Same day reservations are an additional \$5.00 per night.
- _____ Food must be brought in, in plastic bags or containers, containing 1 meal per bag. If you have multiple campers, it is 1 meal per bag, per dog. Wet food does not have to be included in the container. We will add wet to any dry food per the parent's instructions.

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DAYCARE POLICIES:

_____ Daycare Hours are Monday through Friday from 7 AM to 7 PM, and Saturday from 8 AM to 6 PM.
Boarding pickups on Sunday from 11 AM to 3 PM ONLY.

PAYMENT POLICIES – PAYMENT IS EXPECTED AT TIME OF DROP OFF:

_____ We accept cash, check, or credit card (Visa, Master Card, or Discover).

_____ Checks require Driver's License Information.

_____ If you would like us to keep your credit card information on file, please let us know. **A copy will be made of the front and back of your card.**

Signature: _____

Date: _____

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SWIMMING AUTHORIZATION FORM – DAYCARE ONLY

Dog's Full Name: _____ Age: _____

(PLEASE PRINT)

I (print) _____, owner(s) give my permission for Happy Paws Inn Staff to allow my dog to swim in the Cool Tub, or kiddie pools at camp.

I understand that Happy Paws is not responsible for any ear infections, or hair or skin problems that may develop due to swimming.

I understand that not all dogs have the desire to participate. However, I would like my dog to try swimming.

Parent's Signature: _____

Date: _____

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SENIOR CAMPERS (If applicable)

Life Saving Measures (for Dogs 8 years & older):

My Pet _____ is _____ years old. If he/she has a seizure, heart attack or other form of life ending experience while in your care, please know that I want the following:

_____ **I do not want life saving measures taken.**

_____ **I want to spend up to \$_____ to save my pet.**

You may take him/her to the emergency vet; however, my wishes are to be followed. I want him/her to be as comfortable as possible. I will make my Vet aware of my wishes as well. In the event of the passing of my pet, leave my pet with my vet or the animal hospital for me to make arrangements. I, nor any member of my family, will NOT hold Happy Paws Inn, or its staff, responsible for the passing of my pet due to the non-performance of life saving measures or the natural passing in their sleep. I understand all risks involved in boarding a senior age pet and accept all responsibility.

Signature

Witness to signature

(Happy Paws Staff Member Acceptable)

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