820 Gallimore Dairy Rd High Point, NC 27265 Phone (336) 393-0670

### **Client Information Sheet and Contract**

Client Information	perament Test Date:		
Owner(s) of Pet:			
Address:			
City:		Zip Code:	
E-mail:			
Home Phone:			
Spouse's Name:		Spouse's Cell Phone:	
Pet Information			
Pet's Name(s):			
Species: Dog Cat			
Breed:	Color:		
Weight: Age/Birthday:_			
Does your pet(s) have any known allerg	ies? Yes No		
If yes, please specify:			
Does your pet(s) have a diagnosed medi	cal condition? Yes	No	
If yes, please specify:		5	
Is your pet currently on veterinary presc		ea, tick or heartworm prevention?	
YN If yes please list on check-in for			
Is your pet(s) spayed/neutered? Yes_		Male Female	
Other than being spayed/neutered has yo		10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
If yes, please specify what and when: _		<u> </u>	
Does your pet:			
Climb fences?	Y N		
Bark excessively?	Y N		

820 Gallimore Dairy Rd High Point, NC 27265 Phone (336) 393-0670

Have thunderstorm phobia? Y_ N		
Show aggression when placed in a kennel? Y N		
If yes to any of the above, please elaborate:		
Has your pet(s) ever bitten a person or other animal? Yes No		
If yes, please elaborate:		
Is your pet(s) allowed to have blankets, towels or bedding to sleep with? Yes No		
Is your dog ok with other dogs Yes No If yes,		
Do you give permission for your dog to play with others pets outside in the outdoor areas? YesNo		
MULTIPLE PET HOUSEHOLD:		
Can your pets be boarded in the same enclosure? Y_N_ Have your pets boarded together previously? Y_N_ Do your pets live together in the same home? Y_N_		
Can your pets be fed together? Y_N_		
Can they be fed side by side? YN		
Have your pets had any physical altercations in the past, about food or otherwise? Y_N_		
If yes, please elaborate:		
Are there any other special instructions or information to help us keep your pet safe during his/her stay?		

#### **Terms of Service**

This is a contract (hereafter the "Agreement") between Loving Pet Inn & Resort LLC (hereafter the "Company") and the pet owner or agent whose signature appears below. This Agreement will be valid for one year (365 days) from the date of signing.

• The owner or agent agrees to pay the rate in effect on the check-in date for all services including boarding, daycare, bathing, grooming, veterinary services and other services requested, or agreed to, by the owner while the pet is boarding. The charges are to be paid in full prior to departure of the pet from the Company.

820 Gallimore Dairy Rd High Point, NC 27265 Phone (336) 393-0670

- Daycare reservations are recommended but typically not required. Daycare without a reservation is offered first come, first served and may, from time to time, he refused if the facility has reached capacity.
- The owner agrees to be responsible for payment of veterinary services if necessary. The Company agrees to contact and transport the pet to the owner's veterinarian of choice if possible. The owner agrees to allow the Company to employ a veterinarian of their choosing if the owner's veterinarian is not available, does not give the care deemed necessary or if time is so critical that veterinary services need to be provided immediately.
- After ten days from written notice to remove this animal from the Company, it wilt be considered abandoned and may be transferred to an appropriate animal shelter or to an individual deemed by the Company to be able to responsibly care for said pet. Abandonment will not relieve the owner or agent from paying all reasonable costs incurred regarding this animal, including interest, collection fees and attorney fees if necessary.
- The owner acknowledges he/she has disclosed and will disclose any aggression or bites by the pet prior to any current or future check-in. The owner acknowledges that the pet has not been exposed to any contagious diseases within 30 days prior to any current or future check-in, including, but not limited to, rabies, distemper, parvovirus, canine cough or upper respiratory disease and that the pet is currently vaccinated for rabies. The owner acknowledges even though their pet has been vaccinated for kennel cough there is still a possibility of their pet contracting the illness. Kennel cough is one of the most common illness that dogs contract. There are variations in strains of kennel cough and the current vaccines are not designed to protect against all types. In the event the pet contracts an illness the owner assumes all risks and agrees to pay for all medical treatment and does not hold the Company responsible for any costs.
- The staff at the Company takes all reasonable precautions and closely supervises each pet to avoid the ingestion of any foreign objects, however, animal behavior is unpredictable. The Company will not be held responsible for the ingestion of any foreign object such as, but not limited to, rocks, toys, treats, bedding, etc.
- The staff at the Company takes all reasonable precautions and closely supervises each pet to ensure a safe and injury-free environment. Animal behavior, however, can be unpredictable and instantaneous. As such, in facilities that offer group playcare, the Company cannot guarantee that injuries (bites, scratches, etc.) will never happen. In cases when the Company can identify the pet that caused the injury (via eyewitness reports, video footage, etc.), the Owner of that pet assumes responsibility and costs to treat the injured pet(s). In cases where the pet causing the injury cannot be identified, Owner of the injured pet assumes responsibility and costs to treat the injured pet. In cases of injury caused by the Company (human error, dangerous facility disrepair, etc.), the Company assumes responsibility and cost to treat the injured pet(s).
- A charge for CAPSTAR flea treatment will be added to the bill if your pet has fleas at check-in.
- The management assumes no responsibility for lost or damaged items. If you bring personal property from home, you do so at your own risk. We cannot guarantee the security of personal belongings.
- Prescription medications must be in a prescription bottle with a current prescription label from a licensed veterinarian.
   Medication fee 2.00 per administration.

820 Gallimore Dairy Rd High Point, NC 27265 Phone (336) 393-0670

Media Release		
I grant the Company per	rmission to post my pet's picture and na	ame on social media.
Yes	Date	
	Date	
Permission to Author	rize Emergency Medical Treatme	nt
Preferred Veterinary Cli	inic:	
Preferred Veterinarian:		
If you are unavailable, vemergency?	who else may we contact regarding you	r pet's medical treatment in case of an
Name of Relative or Frie	end:	
Home Phone:	Cell Phone:	
Name of Relative or Fri	end:	
Home Phone:	end: Cell Phone:	
Please indicate below th	e dollar amount you pre-authorize for	emergency veterinary care in the event that
we are unable to reach y	ou or your designated emergency cont	act.
In the event of an after -	hours emergency your pet may need to	be transported to an emergency care facility.
		of \$150.00. Please note that the amount
chosen reflects treatme		
	-	
Up to \$150.00 _	\$150.00 to \$300.00	\$300.00 to \$500.00.
	00.00 No limit	
	Management 100 (100 (100 (100 (100 (100 (100 (100	
IN WITNESS WHERE	OF the undersigned hereby agrees that	all information provided is accurate to the
	ge and executes the Agreement as of the	
written below.	ge and executes the Agreement as of the	e date set forth as of the date
,		
Owner's Signature:		Date:
Kennel Representative		Date:
		Date.