

GREAT BAY KENNEL REGISTRATION FORM

Owner Information

First & Last Name(s): _____

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

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

Email: _____

Emergency Contact Information - someone other than yourself we can contact to speak on your behalf regarding your pet if you are unreachable.

Emergency Contact Name: _____ Phone:(_____) - _____

Pet Information #1 (more than one pet? There are additional spaces at the end of this form)

Circle applicable: Dog - Cat - Other (specify): _____ Pet Name: _____

Breed: _____ D.O.B/approx. Age: _____ Color: _____

Circle applicable: Male - Female AND Neutered - Spayed - Unaltered

Vet: _____ Vet Phone:(_____) - _____

Is your pet on any medications, circle applicable: Yes - No

If yes, please provide medication instructions: _____

WAIVER, ASSUMPTION OF RISK, AND AGREEMENT TO INDEMNIFY AND HOLD HARMLESS

- 1) I (owner) represent that I am the legal owner of the above named pet/s and I assume all risk, dangers, and responsibility for injuries to the named pet/s. Owner understands and agrees that owner is solely responsible for any harm while owner's pet/s is/are attending boarding, daycare, grooming, or other said event held by Great Bay Kennel Inc.
- 2) PHOTO AND VIDEO RELEASE: We love to post pictures and videos on Facebook and our website. Owner agrees to allow Great Bay Kennel to use owner's pet/s name and any images or likeness of owner's pet taken while he/she is at Great Bay Kennel, in any form, for use at any time in any media, marketing, advertising, illustration, trade or promotional materials without compensation and owner releases to Great Bay Kennel all rights that owner may possess or claim to such image, likeness, recording, etc.
- 3) PET'S HEALTH: I understand, in case of an emergency involving my pet/s, Great Bay Kennel will bring my pets to a veterinarian. The staff will attempt to use the pet's own vet if time and distance allows. I understand that all vet fees and charges are my responsibility and not the responsibility of Great Bay Kennel. If my pet/s is/are brought to the facility with fleas, ticks, or intestinal parasites, the staff at Great Bay Kennel will treat my pet at my expense. Owner further understands and agrees that owner's pet/s are healthy and will, at all times while attending Great Bay Kennel, have current vaccinations for rabies and distemper. Upon rabies or distemper vaccination expiring while boarding at Great Bay Kennel, owner authorizes Great Bay Kennel to bring pet/s to Great Bay Animal Hospital to have the necessary vaccine/s administered.
- 4) GROUP PLAY: All dogs must pass a general behavior assessment in order to attend dog-dog group play. No dog may be admitted to group play that shows any signs of any type of aggression. Owner further understands and agrees that in admitting owner's dog/s to dog-dog play group, owner is representing to Great Bay Kennel that owner's dog/s is/are in good health and have not harmed, shown aggression or exhibited any threatening behavior towards any person or other dogs. Any dog demonstrating aggression or other behavior deemed unacceptable by Great Bay Kennel may be required to leave daycare/boarding.
- 5) RELEASE OF LIABILITY: Owner understands and agrees that during normal play and activity, pet/s may sustain injuries. Pet play is monitored by Great Bay Kennel staff to best avoid injury, but scratches, punctures, torn ligaments, possible obstructions, and other injuries may occur despite the best supervision. Owner further understands and agrees that neither daycare/boarding nor any of its employees, staff, will be liable for any illness, injury, death and/or escape of owner's pet/s provided that reasonable care and precautions are followed, and owner hereby releases Great Bay Kennel staff or volunteers of any liability of any kind whatsoever arising from or as a result of owner's pet/s attending Great Bay Kennel and Daycare. **INITIAL** _____
- 6) PERSONAL PROPERTY: Owner understands that owner is solely responsible for any purposeful harm, including to any other pet/s, to employees or invitees of Great Bay Kennel, or to the equipment, facilities, or other property of Great Bay Kennel, caused by owner's pet/s. Owner also agrees that Great Bay Kennel shall not be responsible or liable for any lost or damaged personal property belonging either to the owner or owner's pet/s. **INITIAL** _____
- 7) FOOD/MEDS: When boarding overnight, Owner agrees that it is the owner's responsibility to leave an adequate supply of food and medications for owner's pet/s during the entire time the owner's pet/s is/are cared for by Great Bay Kennel. Should the food and/or medication supply need replacement, owner authorizes Great Bay Kennel to purchase replacement and owner will reimburse Great Bay Kennel or the actual food and medication costs plus up to \$25.00 time/distance trip fee (per occurrence).
- 8) VETERINARIAN LIABILITY AND CARE: Owner authorizes Great Bay Kennel to obtain medical treatment for owner's pet/s if he/she appears ill, injured, or exhibits any other behavior that warrants medical attention. Owner agrees to be fully responsible for the cost of any such medical treatment and for the cost of any transportation for the purposes of such treatment. In the event a medical situation arises that requires veterinary care and owner cannot be reached by the telephone number provided, owner agrees to allow Great Bay Kennel to act as pet's agent and seek medical care deemed necessary for pet/s.
- 9) PAYMENTS: Payment is due at the end of each visit. Payment may be made in American currency, Visa, Discover, MasterCard, American Express, or check. \$25 NSF charge for returned checks.
- 10) CLOSING TIME: Owner agrees that if owner's pet/s is/are not picked up by closing time of 6:00pm EST then owner hereby authorizes overnight boarding appropriate for pet/s and to pay Great Bay Kennel for applicable overnight boarding charge plus any charge for required food/medication.
- 11) FULL FORCE AND EFFECT: Owner further understands and expressly agrees that each and every one of the foregoing provisions contained in paragraphs 1-11 shall be in force and effect and shall apply to each and every occasion on which owner's pet/s stay with Great Bay Kennel for boarding, daycare, grooming, or any other services or events. This agreement shall remain in full force and effect as between the parties until and unless otherwise cancelled or superseded by writing signed by the parties. Owner hereby certifies that the owner has read and understands this Waiver and Release of Liability and the regulations set forth above. By signing this agreement, owner agrees to be bound by its terms and conditions.

Owner Signature: _____ **Date:** ____ / ____ / ____

FORM CONTINUES ON THE BACK

Additional Pet Information

Describe any physical conditions that your pet may have (for example: deaf, blind, food sensitivities, epilepsy, arthritis, hip/joint problems, etc.): _____

Food amount: _____ X _____ a day

Notes about feeding: _____

Please circle the follow applicable statements about your pet:

Friendly to people: Yes - No Friendly to dogs: Yes - No Toy aggressive: Yes - No
Food aggressive: Yes - No People or dog aggressive: Yes - No
Anything else we should know about your pet?

Pet Information #2

Circle applicable: Dog - Cat - Other (specify): _____ Pet Name: _____

Breed: _____ D.O.B/approx. Age: _____ Color: _____

Circle applicable: Male - Female AND Neutered - Spayed - Unaltered

Vet: _____ Vet Phone:(_____) - _____

Is your pet on any medications, circle applicable: Yes - No

If yes, please provide medication instructions: _____

Food amount: _____ X _____ a day

Please circle the follow applicable statements about your pet:

Friendly to people: Yes - No Friendly to dogs: Yes - No Toy aggressive: Yes - No
Food aggressive: Yes - No People or dog aggressive: Yes - No

Pet Information #3

Circle applicable: Dog - Cat - Other (specify): _____ Pet Name: _____

Breed: _____ D.O.B/approx. Age: _____ Color: _____

Circle applicable: Male - Female AND Neutered - Spayed - Unaltered

Vet: _____ Vet Phone:(_____) - _____

Is your pet on any medications, circle applicable: Yes - No

If yes, please provide medication instructions: _____

Food amount: _____ X _____ a day

Please circle the follow applicable statements about your pet:

Friendly to people: Yes - No Friendly to dogs: Yes - No Toy aggressive: Yes - No
Food aggressive: Yes - No People or dog aggressive: Yes - No

