



**Office Use**

Date \_\_\_\_\_

Initial \_\_\_\_\_

Owner's Last Name \_\_\_\_\_

**Please complete for each owner, if applicable:**

(1) Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phones (Cell) \_\_\_\_\_

(Home) \_\_\_\_\_

(Work) \_\_\_\_\_ Ext \_\_\_\_\_

Email Address \_\_\_\_\_

Employer \_\_\_\_\_

Occupation \_\_\_\_\_

(2) Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phones (Cell) \_\_\_\_\_

(Home) \_\_\_\_\_

(Work) \_\_\_\_\_ Ext \_\_\_\_\_

Email Address \_\_\_\_\_

Employer \_\_\_\_\_

Occupation \_\_\_\_\_

**Emergency Contact Information - Someone other than you, who should we 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 provide their names:

\_\_\_\_\_

**Senior and Special Needs Pets**

**Your pet is IMPORTANT to us!**

Older dogs and those with medical issues are at higher risk when boarding due to stress, disrupted routines and exposure to illness. They may need specialized care and we strive to provide that type of care.

**In the unfortunate event that your pet would pass away in our care please tell us what your wishes would be:**

*I hereby grant permission to CAPR to obtain emergency veterinary treatment for my pet at my expense. Also, realizing that aged and special needs pets have a greater chance, I will not hold CAPR responsible for my dog passing.*

Owner Signature \_\_\_\_\_ 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, groom or board my pet(s) at CAPR (LLC), I agree to the following:
- I agree to pay the rates that are in effect at the time my pet is at CAPR. 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, boarding, grooming, food charges, destruction of property.
  - I understand that entering CAPR my pet will be examined for fleas. If fleas are found, a natural flea repellent bath will be administered at my expense.
  - 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 recognized 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. We will document
  - If my pet appears to be ill, I authorized CAPR to engage the services of a veterinarian at my expense, to give the 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 CAPR. I will not hold CAPR liable for failure to seek veterinary attention or for decisions made under this contract within a certain time of injury.
  - I understand that CAPR will exercise all due diligence and care in the guardianship of my pet. I hereby waive and release CAPR, its employees, owners and agents from any and 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 in or attends any function of CAPR, while on the grounds or the surrounding area thereto

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

Owner Signature \_\_\_\_\_ Date \_\_\_\_\_



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Date \_\_\_\_\_

Initial \_\_\_\_\_

**1st Pets Information**

(1) Pet's Name \_\_\_\_\_

Spayed or Neutered? Yes\_\_\_\_ No\_\_\_\_

Breed \_\_\_\_\_

Age\_\_\_\_\_ Birth date\_\_\_\_\_

Describe any medical or physical problems\_\_\_\_\_

Allergies?\_\_\_\_\_

If your pet has temperament issues such as shyness, fear or aggression, please describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2nd Pets Information**

(2) Pet's Name\_\_\_\_\_

Spayed or Neutered? Yes\_\_\_\_ No\_\_\_\_

Breed \_\_\_\_\_

Age\_\_\_\_\_ Birth date\_\_\_\_\_

Describe any medical or physical problems\_\_\_\_\_

Allergies?\_\_\_\_\_

If your pet has temperament issues such as shyness, fear or aggression, please describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3rd Pets Information**

(1) Pet's Name\_\_\_\_\_

Spayed or Neutered? Yes\_\_\_\_ No\_\_\_\_

Breed \_\_\_\_\_

Age\_\_\_\_\_ Birth date\_\_\_\_\_

Describe any medical or physical problems\_\_\_\_\_

Allergies?\_\_\_\_\_

If your pet has temperament issues such as shyness, fear or aggression, please describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Payment Protocol**

Payment is due at time of pick up. If someone is picking on your behalf, payment must be made in full prior to pick up. Enjoy a 10% discount when paying with cash or check only. We proudly offer a military discount as well. Please present a valid military ID. Max Discount is 15%.

Please Intial\_\_\_\_\_

**General Questions**

The following answers will help us care for your pet(s) as if they were our own. Please Complete for each pet:

- Has your pet ever been boarded before?  Yes  No  Not sure
- Is your pet used to being in a crate?  Yes  No  Not sure
- Does your pet have separation anxiety?  Yes  No  Not sure
- Has your dog ever escaped a fence (over or under)?  Yes  No  Not sure
- Does your dog get along well with other dogs?  Yes  No  Not sure