



REGISTRATION AND RELEASE

Date: _____

Your Dog's Information:

Name: _____ Breed: _____ Color: _____

Birthday (or best guess): _____ Sex: _____ Weight: _____ Spay/Neuter: Yes__ No__

Latest Vaccination Dates:

Rabies: _____ DHLPP: _____ Bordetella: _____

Flea/Tick Control Method: _____

Describe any health problems: _____

Dogs must be free of all fleas/ticks. If detected upon arrival, a flea bath/dip will be administered at owner's expense. Pets over 6 months of age must be spayed/neutered before admission to Playcare.

Owner Information:

Owner's Name: _____

Owner's Address: _____

City: _____ State: _____ Zip: _____

Owner's Telephone HM: _____ WK: _____ Cell: _____

Email: _____

How did you hear about Top Paw? _____

Emergency Contact/Other's Authorized to pick up your Dog:

Name/Phone: _____

Name/Phone: _____

Background Information:

Your Dog's Veterinarian: _____

Telephone: _____

Is your Dog on medication: Yes _____ No _____ If yes, name of medication(s): _____

Frequency of administration and Dosage: _____

Feeding Instructions: _____

Dog's behavior with people: { } Fearful { } Submissive { } Dominant { } Other _____

Dog's behavior with other dogs: { } Fearful { } Submissive { } Dominant { } Other _____

Has your Dog ever bitten another dog or human? { } Yes { } No Explain: _____

Other comments or information about your dog that you feel might be helpful:

Buster Brown Resort, LLC
Top Paw Resort
REGISTRATION AND RELEASE

I Certify that (1) all of the information contained in this background statement is true and accurate, and (2) I have read, fully understand and acknowledge the disclaimers on the agreement attached hereto (below).

This background statement and attached disclaimer may be executed in several counterparts, each of which shall be deemed to be an original, and all of which together shall constitute one and the same instrument. Signatures exchanged by facsimile shall constitute original signatures for all purposes herein.

Pet(s)'s Name: _____

Owner's Signature: _____

Name (print): _____

This is a Contract between Top Paw Resort ("Facility") and the pet owner whose signature appears above ("Owner").

1. Owner agrees to pay the rate for pet care provided in effect on the date pet is checked into Facility.
2. Owner agrees to pay all costs and charges for special services requested, and all veterinary costs for the pet during the period pet is in the care of Facility.
3. Owner agrees that the pet shall not leave Facility until all charges are paid to Facility.
4. Owner consents to Facility using pet's likeness, and waives all claims of compensation for use of such likeness by Facility.
5. By using this Contract and leaving pet with Facility, Owner certifies to the accuracy of all information given about said pet.
6. Facility shall exercise reasonable care for the pet delivered by Owner to Facility. OWNER RECOGNIZES AND ACCEPTS POTENTIAL RISKS INVOLVED WITH INTERACTIVE DAYCARE/PLAYCARE. It is expressly agreed by Owner and Facility that Facility's liability shall in no event exceed the lesser of the current chattel value of a pet of the same breed or the sum of \$400.00 per animal admitted.
7. OWNER AGREES TO BE SOLELY RESPONSIBLE FOR ANY AND ALL ACTS OR BEHAVIOR OF SAID PET WHILE IN THE CARE OF FACILITY, AND ASSUME ANY EXPENSE AND LIABILITY FOR INJURY TO ANY HUMAN OR OTHER ANIMALS OR DAMAGE TO FACILITY CAUSED BY THE PET.
8. Owner specifically represents that he or she is the sole owner of pet, free and clear of all liens and encumbrances.
9. Owner specifically represents to Facility that, to Owner's knowledge, the pet has not been exposed to any contagious diseases within a thirty-day period prior to check-in. During the period of this Agreement, Owner also agrees to notify Facility of any known exposure of pet to a communicable disease and hold pet out of attending Facility until pet is symptom free for a minimum of seven (7) days or with written veterinary clearance. Owner further agrees to maintain currency of vaccinations as required by Facility policy.
10. All charges incurred by Owner shall be payable upon pickup of pet. Facility shall have, and is hereby granted, a lien on the pet for any and all unpaid charges resulting from services provide by Facility.
11. If pet becomes ill or injured, if the state of the animal's health otherwise requires professional attention, Facility, in its sole discretion, may engage the services of a veterinarian or administer medicine or give other requisite attention to the animal, and the expenses thereof shall be paid by the Owner. The Owner gives consent to Facility to act on the Owner's behalf in obtaining emergency veterinary care at Owner's expense. Owner indemnifies and holds Facility and its employees harmless for said expenses.
12. 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 the Owner and Facility.
13. Any controversy or claim arising out of or relating to the Contract, or the breach thereof, or as the result of any claim or controversy involving the alleged negligence by any party to this Contract, shall be settled in accordance with the rules of the American Arbitration Association, and judgment upon the award rendered by an arbitrator may be entered in any Court having jurisdiction thereof. The arbitrator shall, as part of the award, determine an award to the prevailing party of the costs of such arbitration and reasonable attorney's fees of the prevailing party.

Prepaid Playcare/Boarding Packages: In addition, I understand and agree that (1) if my pet discontinues using Top Paw Resort for any reason, I will forfeit the balance of my prepaid visits (if any) and will not, under any circumstances, receive a refund, and (2) prepaid visits are not assignable or transferable.

Cancellation Policy: Boarding reservation cancellations must be made by noon, two days prior to the beginning of your boarding stay. Failure to do so will result in a fee equivalent to our current boarding rate for two nights. The Staff Member handling your cancellation will provide you with a Cancellation Number for your records.

