

# Agreement and Consent

\_\_\_\_\_ initial

The undersigned agrees that the Mary's Pooch Pad, its owners, agents, employee's and representatives will be indemnified and held harmless for any loss or damage suffered by said persons including, but not limited to, injuries, disease, sickness, theft, injury to persons or pets(s), injury to pet(s) or property caused in any way by the undersigned's pet(s).

\_\_\_\_\_ initial

Mary's Pooch Pad shall not be liable for any losses, damages, injuries, veterinarian bills or damage to property resulting from the actions of Mary's Pooch Pad, its owners, agents, employees and representatives.

\_\_\_\_\_ initial

All guests will be fed with the food provided by you pursuant of the instructions given. If there is no food to feed your pet(s), Mary's Pooch Pad will purchase a sufficient amount, at your expense. Said expense shall be added to the bill at checkout.

Food Brand Provided Pet \_\_\_\_\_

All guests must be current on the following:

- at owner's expense Rabies and Distemper: 1 or 3 year or titer equivalent
- Negative fecal within the last 6 months
- Bordetella vaccination within the last 6 months
- Current flea & tick preventative. (if a guest is found to have either at check in they will be treated accordingly.)

\_\_\_\_\_ initial

Mary's Pooch Pad is not responsible for the loss or damage of any personal belongings or equipment and belongings with the pet(s).

\_\_\_\_\_ initial

I give permission to use my pet(s) in photographs for publication and in or on social media.

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





## ***Getting To Know You: Guest Information***

Was your pet purchased from a breeder or a rescue? \_\_\_\_\_

How long has he/she been a part of your family? \_\_\_\_\_

Has your pet been exposed to other dogs and people before? \_\_\_\_\_

Please describe:

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To the best of your knowledge does your pet have aggression with food, toys, people or other dogs?

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Has your pet ever bitten anyone or another pet? \_\_\_\_\_

Is your pet afraid of thunderstorms? \_\_\_\_\_

Does your pet have any other phobias we should be aware of? \_\_\_\_\_

Are there any restrictions needed to be placed on your pets activities or movements?

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Does your pet have any allergies? \_\_\_\_\_

Is your pet a bedding/blanket shredder? \_\_\_\_\_

Is there anything else we should know about your pet?

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# Guest Registration

Name \_\_\_\_\_

I Eat \_\_\_\_\_ x's a day                      Amount \_\_\_\_\_

Can He/She participate in a playgroup?                      Yes      No

Medication:      Yes              No                      If Yes, Please Request Medication Form

Name and Phone Number to Send Pictures and Videos  
\_\_\_\_\_

Emergency Contact \_\_\_\_\_

Bath* \$12 up to 30 lbs - \$17.00 31-65 lbs - \$22 66 lbs and up	Yes	No
Nails Dremmeled* \$17.00	Yes	No

*\*Please know a muzzle may be used if needed for safety*



# Medical Consent

Your pet's health and happiness is the primary concern of Mary's Pooch Pad. Should a medical need arise, your pet will be transported to your regular veterinarian. If after hours, the nearest emergency clinic will be used. Your emergency contact will be notified.

*Please note that a \$15.00 transportation fee will be added to final checkout fee*

\_\_\_\_\_ initial

I authorize Mary's Pooch Pad to transport my pet in the case of a medical situation.

\_\_\_\_\_ initial

I authorize Mary's Pooch Pad to act as my agent should medical treatment be needed after hours. Cost not to exceed \$\_\_\_\_\_.

\_\_\_\_\_ initial

I have advised my veterinarian that my pet is in the care of Mary's Pooch Pad. I authorize my veterinarian to provide treatment if my pet is presented for treatment by Mary's Pooch Pad's representatives. I agree that I will be billed directly by my veterinarian for the services provided. I have provided my credit card information to my veterinarian.

\_\_\_\_\_ initial

After hour emergency expenses, including, but not limited to, transportation expenses will be added to my invoice and paid at checkout.

\_\_\_\_\_ initial

I understand that there are risks while attending Mary's Pooch Pad and, as an owner of my pet(s), I agree to be solely responsible for all acts and behaviors of my pet(s), including medical bills. I agreed to indemnify and hold harmless Mary's Pooch Pad, its owners, agents, employees and representatives from any and all damages, veterinarian bills and other damages suffered as a result of the acts, behavior or actions of my pet(s)

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







**MARY'S**  
**POOCH PAD**  
PLAY ALL DAY • SUITES TO STAY

### Owner Information

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone# \_\_\_\_\_ Cell# \_\_\_\_\_

Email: \_\_\_\_\_

### Guest Information

Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_

Male or Female (circle one)

Spayed or Neutered (circle one)

Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_

Male or Female (circle one)

Spayed or Neutered (circle one)

Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_

Male or Female (circle one)

Spayed or Neutered (circle one)

Veterinary Clinic \_\_\_\_\_ Phone# \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Number: \_\_\_\_\_

How did you find out about us:

\_\_\_\_\_

Who may we thank for referring you: \_\_\_\_\_

**To:** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Date** \_\_\_\_\_ **# of pages including cover** \_\_\_\_\_

**Release of Information**

I/We give Mary's Pooch Pad Inc. permission to receive my dog's current vaccination information including recent fecal results. I understand that Mary's Pooch Pad needs this information to complete my dog's file for the purpose of boarding, daycare and grooming. When requested, please release the information to Mary's Pooch Pad.

Client Name \_\_\_\_\_

Dog's Name \_\_\_\_\_

Veterinarian

Name \_\_\_\_\_

Number \_\_\_\_\_

Client Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please Fax to 630-553-8918**

**Please contact Mary with any questions, 630-553-MARY**