



## APPLICATION & AGREEMENT

### CLIENT INFORMATION

Owner's Name \_\_\_\_\_ Spouse \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_  
Email \_\_\_\_\_  
Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_  
Others authorized to pick up my dog \_\_\_\_\_  
Veterinary Name \_\_\_\_\_ Phone \_\_\_\_\_  
How did you hear about us? \_\_\_\_\_

### PET INFORMATION

Dog's Name \_\_\_\_\_ Breed \_\_\_\_\_  
Sex \_\_\_\_\_ Color \_\_\_\_\_ Weight \_\_\_\_\_ Age \_\_\_\_\_  
How long have you had this dog? \_\_\_\_\_ Spayed/Neutered Y/N \_\_\_\_\_  
Has this dog ever been boarded before? \_\_\_\_\_ Been to day care before? \_\_\_\_\_  
Dates of the following: Last Physical Exam \_\_\_\_\_ DHPP \_\_\_\_\_  
Rabies \_\_\_\_\_ Bordatella \_\_\_\_\_ Lepto \_\_\_\_\_  
Flu \_\_\_\_\_ Heartworm test \_\_\_\_\_ Fecal exam \_\_\_\_\_  
Heartworm prevention medicine \_\_\_\_\_ Flea prevention \_\_\_\_\_

Does your dog have any injuries or health concerns that require special attention?

Is your dog allergic to any foods or treats? Y/N \_\_\_\_\_ If yes, please list

Do you crate your dog when you are away or at night? Y/N \_\_\_\_\_

Additional information I would like you to know about my dog

To ensure the health and safety of your dog and all other guests, we require that all of our clients comply with the following terms and conditions:

\*From this point forward, any mention of “the Pooch Palace” shall pertain to the entity “MBM Agency LLC DBA The Pooch Palace” and shall be used interchangeably\*

1. I specifically represent to The Pooch Palace that I am the legal owner of my dog, In addition, my dog is healthy, my dog meets The Pooch Palace’s published vaccination standards, my dog has not harmed or shown aggression or threatening behavior towards any person(s) or other dog(s) and has not been exposed to any known communicable disease within the thirty day period immediately prior to services. I further represent that each time my dog is brought to The Pooch Palace, I will be re-certifying that my dog is in good health and has not had any communicable illness of any kind for 30 days prior admission. I further agree to inform The Pooch Palace of any changes in my dog’s condition and/or behavior prior to subsequent services. In addition, I agree that if any fleas or ticks are discovered on my dog at any time, The Pooch Palace will administer a flea bath at my expense.
2. I understand and accept that day care at The Pooch Palace is a cage-free service. I accept the risks involved and agree that I am solely responsible for any injuries and/or damages that result from injuries caused by my dog to person or property (specifically including but not limited to other dogs) while at The Pooch Palace. I further understand that, without prior notice being required, the staff at The Pooch Palace will take any and all actions deemed necessary to mitigate injury or damage caused by my dog, including but not limited to incurring emergency or non-emergency veterinary expenses, for which I will be solely responsible and for which I agree to fully indemnify The Pooch Palace and its staff. In no event will The Pooch Palace and/or its staff be responsible for any expenses or costs incurred by means of injuries and/or damage caused by my dog. I further understand and agree that any problems that develop with my dog will be treated as deemed best by the staff of The Pooch Palace, in their sole discretion. I authorize The Pooch Palace to do whatever is deemed necessary for the safety, health and well-being of my dog and I agree to assume full financial responsibility for any and all medical expenses incurred. I expressly waive and relinquish any and all claims against The Pooch Palace, its employees and representatives. Under no circumstances will The Pooch Palace be liable for consequential damages or damages beyond the replacement value of my dog.
3. I understand The Pooch Palace reserves the right to refuse admittance to any dog that lacks proof of vaccinations, displays signs of untreated or potentially contagious conditions, demonstrates aggressive behavior, or who fails our standard health and temperament policies.

I certify that I have read, understand and will abide by the rules and regulations as set forth in this Agreement.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

The Pooch Palace  
330-467-0666

285 E. Twinsburg Rd

Northfield Center OH