



CLIENT REGISTRATION

Contact Information

Name of Owner: _____
 Address: _____
 City, State, Zip: _____
 E-mail: _____
 Home phone: _____
 Work phone: _____
 Cell phone (1): _____
 Cell phone (2): _____

How did you hear of us?

Your Vet Internet FaceBook Referral

Emergency Contact Person: _____
 Phone: _____
 Your Veterinary Clinic: _____
 Phone: _____

Pet # 1 Information

Pet's Name: _____
 Breed: _____
 Colors/Markings: _____
 Circle one: Male Neutered Yes No
 Female Spayed Yes No
 Date of Birth: _____

Pet # 2 Information

Pet's Name: _____
 Breed: _____
 Colors/Markings: _____
 Circle one: Male Neutered Yes No
 Female Spayed Yes No
 Date of Birth: _____

SEE REVERSE SIDE FOR AGREEMENT v8/18

Policies and Waiver Agreement

I understand that participating in a dog event or service is not without risk to myself or my dog. Therefore, in consideration of, and as inducement to the acceptance of my application for services at Performance Plus K9 Activity Center. I hereby agree to indemnify and hold harmless the facility, its employees, owners and agents from any and all claims by any member of my family or any other person accompanying me to any training session, function or service of the facility or while on the grounds or the surrounding area thereto as a result of any action by any dog including my own.

I certify that my pet appears to be free of contagious diseases, including external parasites and has not bitten anyone within the last 10 days. I understand that if my pet is found to have external parasites, he/she will be treated and my account will be charged accordingly. I also certify that my pet is current on all required vaccinations and have provided written documentation of same.

I understand that payment in full for all scheduled services is due at check in. I understand that it is required that I have a current credit card on file with Performance Plus K9 Activity Center to be used in the following instances: if there are any veterinary bills during my pet's stay, if there are any unpaid balances for stays or services, if I abandon my pet.

I understand that in the case of illness or injury to my dog while in the care of this facility with or without my presence, I will not hold Performance Plus K9 Activity Center, its employees, owners and agents responsible for the injury. I hereby permit Performance Plus K9 Activity Center and its agents to seek medical treatment. I understand that I am solely responsible for payment for any veterinary care provided to my dog by a qualified treatment facility. I understand that if my pet injures another pet, I will be solely responsible for any injury to either or both pets. I also understand that I release Performance Plus K9 Activity Center, its owners and employees of and from any and all responsibility for, or claims, damages, or debt arising out of or related to such medical care also including but not limited to transportation to/from veterinarian clinic and the care rendered. I give consent for my credit card on account to be used for such care and expenses.

I understand that if I leave my dog beyond the scheduled stay, I am responsible for full payment of any and all additional boarding and care. I understand that upon exceeding the scheduled stay by 10 days or more, I have abandoned my dog and Performance Plus K9 Activity Center has full authority to administer the dog as it sees fit. This includes but is not limited to adopting the dog out, surrendering the dog to an animal shelter for adoption or attention as that shelter deems necessary. Furthermore, I understand that if I abandon my dog that I am responsible for any placement fees along with any and all boarding and medical care charges that are applicable. Said fees and charges will be charged to my credit card on file.

Performance Plus K9 Activity Center is not responsible for loss or damage to any personal items belonging to you and/or your pet. Do not bring toys, blankets, beds, etc. that are valuable or irreplaceable.

I understand that it is my responsibility to be aware of the pricing, refund and cancellation policies of Performance Plus K9 Activity Center and that all my transactions are bound by such. I further acknowledge that this information is readily available at the front desk for my review.

Signature of Agreement

By signing below I agree to the terms of the above agreement, which will apply now and in the future whenever I visit Performance Plus K9 Activity Center.

Owner's Signature: _____

Print Name: _____

Date: _____

Credit Card Information

Circle one: Visa MasterCard Discover

Card Number: _____

Expiration Date: _____

CCV Code (3 Digits): _____

Cardholder's Name: _____

Authorization Signature: _____

<i>Company Use Only</i>	<i>staff initials</i>	<i>date</i>	<i>staff initials</i>	<i>date</i>
Intake completed by			Documentation reviewed by	
Data entry completed by			Documentation scanned by	