

Membership Application

Please provide the following information and return to us by fax or email along with your dog(s)' current vaccination records. Fax (201) 766-1395 or info@pipaws.com. Thanks!

Owner Information

Name (s) _____ Date _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell _____ Work _____

Email _____ May we send you emails? Yes No

Who else is authorized to drop-off/ pick-up your dog(s)? _____

Emergency Contact _____ Phone _____

How did you hear about us? Ferry Ad Online Search Vet Referral _____

Dog(s) Information

Vet Contact _____

1st Dog

2nd Dog

Name _____

Name _____

Age _____

Age _____

Breed _____

Breed _____

Sex _____

Sex _____

Spayed/Neutered? _____

Spayed/Neutered? _____

Flea/Tick Prevention? _____

Flea/Tick Prevention? _____

Additional Information

1. Please describe your dog(s) medical history and any current medical issues as well as any medications (dosages and instructions)

2. What food does your dog(s) eat? (include feeding instructions, number times per day, amount, etc.) _____

3. Has your dog ever bitten another dog or person? _____

4. Please tell us any additional information we should know about your dog(s): _____

All of the above information I provided is true to the extent of my knowledge:

Signature _____

Date _____

PORT IMPERIAL PAWS, LLC
Membership Waiver

The terms of this form applies to all dogs listed and any future dogs I might bring to Port Imperial Paws, LLC (hereinafter referred to as "P.I. Paws"). Dogs playing, lodging, or exercising are at risk for injury (such as bites, fractures, etc.) or illness (such as kennel cough, influenza, etc.). I will be responsible for any costs involved in any medical treatment of my pet for any injury or illness that occurs while at P.I. Paws. I acknowledge that there are inherent risks associated with socializing during lodging, daycare, spa appointments and outdoor exercise, and I release P.I. Paws from liability if any injury or illness occurs to my dog(s) during the aforementioned activities, whether they be at the hands of P.I. Paws' employees or any other dog(s) or clients of P.I. Paws. I agree that P.I. Paws shall not be responsible for injuries or illnesses to myself, my dogs, my invitees, other patrons or their dog(s) who may be injured by my dog(s) or my acts or omission, or the acts and omissions of my invitees, and shall release P.I. Paws from any costs, damages, claims or expenses that shall result there from. I understand that P.I. Paws is not subject to any 3rd party liability or other indemnification actions. I understand that my dog(s) will be taken outside of the building for walks during the day.

Please Initial _____

I authorize P.I. Paws to contact my veterinarian in order to obtain my dog(s) medical records and vaccinations for their records. I understand if my dog(s) vaccinations are expired, P.I. Paws has the right to turn down it services until I update my dog(s) vaccinations and my veterinarian confirms my dog(s) health is up to date with P.I. Paws' standards. I understand that it is my responsibility to update my dog(s) vaccinations and maintain my dog(s) overall good health.

Please Initial _____

If, in my absence, my dog sustains an injury or develops some other medical problem while at P.I. Paws, I agree to allow the owner/manager to initiate immediate care as needed to treat my dog(s). I agree to pay for any veterinary services involved in treatment of any medical problems that occur while my dog is at P.I. Paws. I authorize P.I. Paws to contact my vet to confirm health, temperament or vaccinations. I agree that if it is determined that a health requirement is not met prior to arrival at P.I. Paws, then P.I. Paws has the right to turn away service until my dog's medical records are up to date. If my dog(s) show signs of a contagious illness while at P.I. Paws, I may be asked to pick up my dog ASAP and/or my dog(s) may need to be quarantined for the remainder of his/her stay. If this occurs, I understand full payment for scheduled services will still be required of me.

Please Initial _____

I authorize P.I. Paws to maintain my credit card number on file and charge purchases made and/ or services rendered against the card at the prices in effect at the time of the transaction. Cancellations for boarding must be made 24 hours prior to reservation date. All charges are final when made. Should my credit card charges be declined or any other unpaid charges remain unpaid, P.I. Paws reserves the right to assess a finance charge of 15%.

Please Initial _____

I understand that P.I. Paws reserves the right to refuse use of P.I. Paws' facilities for dogs who, in P.I. Paws' sole determination, act aggressively, are undisciplined, show evidence of inappropriate behavior, appear ill or unfit, or who may otherwise be a danger to themselves or other dogs or staff members.

Please Initial _____

OPTIONAL: I authorize P.I. Paws to take photographs of my dog(s) during their stay to be used exclusively for P.I. Paws' marketing materials (ex: brochures, website, etc.) I understand that P.I. Paws has the rights to these photographs taken for said purposes.

_____ **Yes**, I consent to P.I. Paws taking photographs of my dog(s) during their stay.

_____ **No**, please leave my dog(s) out of P.I. Paws' marketing materials.

Please Initial _____

I agree to the above terms and conditions. I certify that I am the owner of the dog(s) listed above and that I am authorized to sign this form.

Signature _____

Date _____