



A PAWSITIVE EXPERIENCE PET SPAW

595 Con 8, Langton, Ontario NOE 1G0

Telephone/Fax: (519) 875- 4305

www.apawsitiveexperience.ca

Name _____ Street _____
City _____ Province _____ Postal Code _____
Phone _____ E-Mail _____

Pet Name _____ Breed _____ M/F _____ Age _____ N/S _____
Medical Problems: Yes () No () Fears: Yes () No () Behaviors: Yes () No ()
If *Yes* please specify:

Medication Instructions _____
Feeding Instructions: _____
Items brought with pet: _____

Proof of Vaccination: Last Vaccination Date: _____
Vaccinated against: Distemper _____ DHLP _____ PV _____ R _____ CV _____ B _____

Pet Name _____ Breed _____ M/F _____ Age _____ N/S _____
Medical Problems: Yes () No () Fears: Yes () No () Behaviors: Yes () No ()
If *Yes* please specify:

Medication Instructions _____
Feeding Instructions: _____
Items brought with Pet: _____

Proof of Vaccination: Last Vaccination Date: _____
Vaccinated against: Distemper _____ DHLP _____ PV _____ R _____ CV _____ B _____

All vaccines including Bordetella must be current. If any vaccines have not been administered please hereby release and waive A Pawsitive Experience and all employees from and against any and all liabilities, losses, damages, costs or expenses of whatever kind or nature including attorney's or veterinary's fees, which the undersigned may incur as a result of any medical problems or other problems that may occur from having or not having the vaccines to the undersigned or their pet(s).

Signature _____

I give A Pawsitive Experience (Lori Payne) authority to obtain a copy of my pet's medical records from my veterinarian either in person or by telephone/fax.

Veterinarian _____ Phone _____

Emergency Contact Information

Name _____ Phone: _____

Address: _____

Relationship: _____

In case of emergency, all attempts will be made to contact the above party as per instructions, failing which A Pawsitive Experience has permission to use sole discretion in treating the situation. Any medical costs incurred will be the sole responsibility of the pet owner and will be billed directly to the undersigned.

Signature of Client _____ Date _____

Booked From _____ am pm To _____ am pm

No. of Days _____ x rate _____ Total _____

Rates are charged on a per night basis regardless of drop off. Pick up after 3:00pm charged daycare rate.

Accounts must be paid in full before pets are returned to their owners. We accept cash or cheque as payment.

Any pets not picked up within 14 days of scheduled pick-up date will be deemed to be abandoned and will be turned over to the appropriate authorities.

I acknowledge and agree with the above terms. A Pawsitive Experience is not responsible or liable for any abandoned animals.

Signature of Client _____ Date _____