

Morgan's Paws Pet Care Center, LLC
305 Hill St
York, PA 17403
Phone: 717-755-9544
Fax: 717-755-9550
morganspaws@yahoo.com
www.morganspaws.com

Client Release

Date _____

How did you hear about us? _____

If referral, please let us know, we like to reward our clients.

Your Information

Owner Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Place of Employment: _____

Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Cell: _____

Email: _____

Others who are authorized to pick up your pet:

Emergency Contact (other than vet)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

Terms and Conditions Agreement

(please read & initial each number)

_____ 1. I understand that I am solely responsible for any harm caused by my dog (s) while my dog (s) is/are attending Morgan's Paws Pet Care Center, LLC.

_____ 2. I understand and agree that Morgan's Paws Pet Care Center, LLC is relying on my representation of my dog's health and behavior including but not limited to showing aggression or threatening behavior toward any other person or dog, that my dog (s) is/are in good health and have not harmed or shown aggression or threatening behavior towards any person or any other dog. I further understand and agree that Morgan's Paws Pet Care Center, LLC and their staff and volunteers will not be liable for any problems that develop.

_____ 3. I understand and agree that provided reasonable care and precautions are followed, Morgan's Paws Pet Care Center, LLC will not be held responsible for injuries to my dog arising from my dog (s) attendance and their participation at Morgan's Paws Pet Care Center, LLC daycare and I release them of any liability whatsoever.

_____ 4. I understand and agree that any medical emergency that develops with my dog (s) will be treated as deemed best by Morgan's Paws Pet Care Center, LLC staff and volunteers, at their sole discretion, and that I will assume full financial responsibility for any and all expenses involved.

_____ 5. I understand and agree that if I fail to provide proof of current vaccinations or my dog's vaccinations are found to be expired or otherwise incomplete, Morgan's Paws Pet Care Center, LLC has the right to refuse service until current proof is provided.

_____ 6. I understand that my dog(s) will be interacting with other dogs and sharing water bowls in a community setting.

_____ 7. Although we watch the dogs carefully, and DO NOT take aggressive dogs, daycare can be hazardous due to multiple dogs playing together. We cannot be held responsible for injuries occurring while the dogs are playing or any communicable disease or parasites while staying at Morgan's Paws Pet Care Center, LLC.

_____ 8. **In order to ensure your dog(s) are getting the proper socialization skills he/she needs to come play for the day or stay overnight at Morgan's Paws Pet**

Care Center, LLC, you will need to make a commitment to bring him/her to Pet Care Center at least twice a month (or more if we feel is needed) to continue to use our daycare & boarding facility.

Dogs need to be put in this type of environment as often as possible for them to become comfortable with it. It is too hard on the doggies if they are only here once or twice a year. It is also for the safety of your dog, the safety of our staff and the safety of all the dogs in our care. **YOUR DOG(S) MUST BE ENROLLED IN DAYCARE BEFORE BEING ALLOWED TO BOARD WITH US.**

Morgan's Paws Pet Care Center, LLC is NOT a kennel and we pride ourselves on being what we are, to give the dogs free access to play with each other all day and have their very own bedrooms at night.

_____9. Your dog is always on a "probation period" here at Morgan's Paws, and we have the right to expel him/her if we feel needed.

_____10. By initialing here you give Morgan's Paws Pet Care Center, LLC the right to use pictures of your dog(s) on our website, advertising, and other forms of newsletters and such.

By signing this form, I acknowledge that I understand and accept the terms and conditions set forth by this agreement.

Name of Owner (please print) _____

Signature of Owner: _____

Date: _____

All numbers except #10 MUST be initialed. If you do not agree with our terms and conditions your dog(s) will not be allowed to come here.

PAYMENT IS DUE AT TIME OF DROP-OFF FOR DAYCARE / PICK-UP FOR BOARDING

**WE ACCEPT: CASH, CHECK, VISA, MASTERCARD & DISCOVER
(\$20 RETURNED CHECK FEE)**

**NO CHOKER, PINCHER OR FLEA COLLARS ALLOWED IN DAYCARE.
YOU MAY BRING YOUR DOG IN ON ONE BUT THEY HAVE TO HAVE A
REGULAR COLLAR ON ALSO.**

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Pet Profile

Dog Information

Dog's Name: _____

Breed or Mix: _____

Date of Birth: _____

Sex: Male: Female: Spayed/Neutered: Yes No

Tattoo: Microchip: Tag:

Coat Color: _____ Weight: _____

Any distinguishing marks or characteristics? _____

Veterinarian Information

Vet's Name: _____

Address: _____

Phone: _____

**PLEASE SCHEDULE DAYS AHEAD OF TIME.
NO LAST MINUTE DROP-OFFS.
IF YOU NEED TO CANCEL A RESERVATION PLEASE CALL AHEAD.**

Feeding (for boarding dogs)

Brand of Food: _____ Formula: _____

Wet: Dry: Semi-moist: Other (specify): _____

Amount per feeding: _____ Per day: _____

Morning: _____ Afternoon: _____ Evening: _____

Supplements used: _____

How food is served: Soaked Dry: Warm:
 Room Temp: Other (specify): _____

Are there any treats your dog may not have? _____

Does your dog take any meds? _____ If yes, which meds and how often?

Behavior

Has your dog been in daycare/boarding before? Yes: No:

How did they behave? _____

How long have you had your dog? _____

If adopted, do you have knowledge of your dog's history? Please describe:

Does your dog have any fears? Yes: No:

If yes, please describe: _____

Please describe how your dog reacts when meeting other dogs:

Under what circumstances does your dog growl?

Does your dog like children? Yes: No:

Has your dog been socialized with other dogs? Yes: No:

Has your dog been socialized with men and women? Yes: No:

Is your dog aggressive toward people? Yes: No:

Is your dog aggressive toward other dogs? Yes: No:

Has your dog ever bitten someone? Yes: No:

What were the circumstances? _____

Has your dog ever been bitten?

Yes:

No:

What were the circumstances? _____

Does your dog have any problems in the following areas? If yes, please describe.

1. Barking _____
2. Digging _____
3. Mouthing _____
4. Jumps up _____
5. Destructive chewing _____
6. Ingesting non food items _____
7. Housetraining _____
8. Shy _____
9. Ignoring your commands _____
10. High jumper _____
11. Frightened by noises _____
12. People aggressive _____
13. Nervousness _____
14. Pulling on leash _____
15. Runs away _____
16. Eating feces _____
17. People possessive _____

Has your dog ever growled or snapped at anyone taking food or toys away?

Has your dog ever shared his food or toys with other animals? Yes: No:

Does your dog play well with other animals? Yes: No:

Has your dog had formal obedience training? Yes: No:

What commands does your dog know? Please describe.

Please add any other comments or information that you feel might be helpful.

You are responsible for informing us of any and all incidents of bites or aggression concerning your dog (dog to dog, dog to human etc.). Failure to do so may result in your daycare service agreement being terminated.

Health and Grooming

What is the current health condition of your dog? Poor: [] Good: [] Excellent: []

Please describe any genetic conditions currently affecting your dog:

Has your dog been diagnosed with any communicable disease, bacteria or parasite in the past 30 days? Yes: [] No: []

If yes, please describe: _____

When was your last veterinarian visit? _____

Does your dog have a problem with fleas? Yes: [] No: []

What flea / parasite control do you use? _____

Does your dog have Hip Dysplasia? Yes: [] No: []

If yes, what restrictions need to be placed on your dog's activities or movement?

What activities does your dog enjoy the most? _____

Please attach a copy of most recent vaccinations of:

DHLPP

RABIES

BORDETELLA (kennel cough) (every 6 mos)

DURING SPRING AND SUMMER MONTHS ALL DOGS MUST BE ON A FLEA & TICK PREVENTATIVE. (NO FLEA COLLARS!)

It is the owner's responsibility to inform Morgan's Paws Pet Care Center, LLC of any existing health conditions or any new health conditions as they are identified. On admission, all dogs must be free from any conditions which could potentially jeopardize other dogs. Dogs who have been ill with a communicable disease in the last 30 days will require veterinary certification of health to be admitted or readmitted. **You are also responsible for keeping your dog(s) vaccinations updated with us.**

IF YOU HAVE A DOG THAT IS PRONE TO CHEWING THINGS UP PLEASE TELL US UP FRONT SO WE CAN MAKE PRIOR ARRANGEMENTS OF WHERE YOUR DOG WILL BE SLEEPING. IF YOUR DOG DESTROYS ANYTHING IN THE ROOM YOU WILL BE CHARGED TO REPLACE THAT ITEM. PAYMENT IS DUE AT TIME OF PICK-UP. HOLIDAYS ARE DOUBLED.

WE ACCEPT CASH, CHECK, VISA, MASTERCARD & DISCOVER FOR PAYMENT

BY SIGNING HERE YOU HAVE READ AND UNDERSTAND WHAT IS IN THE ABOVE MENTIONED.

OWNER OF DOG(S) – PLEASE PRINT YOUR NAME

OWNER OF DOG(S) – PLEASE SIGN YOUR NAME

DATE SIGNED

DATE OF DROP OFF: _____ TIME OF DROP OFF: _____

DATE OF PICK-UP: _____ TIME OF PICK-UP: _____