PaPa Bear's Doggy Den
LET US LOVE YOUR PET





Pet's Name _____
Weight _____
Age_____Sex M___F___ Neutered? Y ___N ___
Breed _____
Description _____
Owner's Name _____
Address_____
City _____ State _____ Zip _____
Phone Number: Home _____ Cell _____
E-mail _____
In case of emergency: Name _____
Phone _____
Relationship _____

Veterinarian: Name _____
Telephone Number _____
Address _____
City_____ State _____ Zip_____

MEDICAL INFO:
Medications: Drug?_____ Frequency?_____
Condition?_____
Wound or special care? _____
Any previous or current health problems we should be aware of?
Vaccination Expiration dates: Rabies______, Distemper ______,
Kennel Cough______

My Pet Likes To . . . (check all that apply)
EAT : type of pet food_____
Times? _____ Amount _____Free feed (food is available all the thime) { }
Milk Bones { } Raw Hide { } Soft treats { }
Any foods/treats that Pet should not eat? _____
PLAY : _____
Chase the ball { } Tug of War { } Fetch { }
Play in Water { } Frisbee { } Rough house { }
Brushing { } Belly rubs { } Butt rubs { } Ear rubs { }

What ever you do DON'T _____

How did you hear about PaPa Bear's? _____

AGREEMENT

Under Pennsylvania Law, any cost to a victim for medical treatment resulting from an attacking or biting pet must be paid by the owner.

The undersigned owner(s) hereby agree(s) to pay all cost(s) of any kind whatsoever for any personal injury to and/or property damage sustained by any PaPa Bears Doggy Den employee caused by the undersigned's pet.
The undersigned further agrees to pay all boarding charges, veterinary bills and medication expenses for any other pet injured by the undersigned's pet.

Additionally, the owner(s) agree(s) to indemnify, hold harmless and defend PaPa Bears Doggy Den from any claim made by any employee or third party against PaPa Bears Doggy Den by reason of any such act by the undersigned's pet. This provision includes indemnification for all damages, costs and fees, including reasonable attorneys' fees, but nothing herein shall preclude PaPa Bears Doggy Den from selecting counsel of its choice.

In the case of a spouse or co-owner, all parties agree to be jointly and severally liable for any damages or costs set forth, above:

OWNER:	**SPOUSE/CO-OWNER** (If Applicable)**:**
_____	_____
(Signature)	(Signature)
_____	_____
(Print Name)	(Print Name)
_____	_____
(Date)	(Date)

BOARDING RELEASE FORM AND AGREEMENT

OWNER MUST HAVE WRITTEN PROOF THAT ALL OF THE PET(S) INNOCULATIONS ARE CURRENT FOR THE FOLLOWING: **DISTEMPER, BORDETELLA AND RABIES. (It's a state law that your pet must be vaccinated against Rabies if over 3 months of age, and then yearly or every 3 years as determined by your family Veterinarian.)**
Yearly, Bordetella Bronchiseptica/PI3 (Canine cough) vaccine is also required however; recent evidence indicates that vaccination every 6 months provides much better protection against this air-borne virus.
Leptospirosis vaccine is not required but is strongly recommended for guest of PaPa Bears Doggy Den, due to the fact that we are located in rural setting. We also strongly urge all guests be on a preventative flea and tick program, since they will be taking field trips in the turn out areas.

PETS MUST RECEIVE INOCULATIONS PRIOR TO CECK-IN AT
PaPa Bears Doggy Den

♦♦

REFER TO THE PaPa Bears Doggy Den WEB SITE FOR A DETAILED LIST OF ALL SERVICES.

I understand that payment for boarding is to be paid in full on day of check-out. I have examined and approved the PaPa Bears Doggy Den facilities to be occupied by my pet. _______(Initial).

In placing my pet under the care, control and custody of PaPa Bears Doggy Den for vacation stay and maintenance, it is understood and agreed that said firm assumes no responsibility for the loss of pet by theft, death or escape, nor for sickness or injury incurred; and in consideration of services to be performed, do hereby release and discharge owners and employees, trading and doing business as PaPa Bears Doggy Den from all liabilities for damages occasioned by loss, injury or illness as above set forth. If pet becomes ill, I agree to pay all veterinarians' fees and expenses.

OWNER ______________________________ DATE ________________
Witness _______________________________

PAPA BEARS DOGGY DEN RESERVES THE RIGHT TO REFUSE ANY PET THAT DOES NOT MEET THE PREREQUISITIES. IN ADDITION, WE WILL REFUSE TO ACCEPT ANY ANIMAL THAT HAS PROVEN VICIOUS, DESTRUCTIVE OR UNHANDLEABLE IN A BOARDING SITUATION.

PaPa BEARS DOGGY DEN
TURN OUT AREAS

AGREEMENT RELEASE

Pet(s) Name: _____

Our Turn Out Areas are a place where your pet can run off leash and enjoy the sights and smells of a typical farm setting.

I _____ (owner) understand that our Turn Out Areas are fenced lawns on private property that are offered as an off leash amenity for PaPa Bears Guests. I understand that Our Turn Out Areas are simply fenced yard enclosures on our farm. It is possible that there may be an encounter with groundhogs, skunks, snakes, bees, birds, deer, fleas, ticks, or any other creature that could live in this environment. It is to be also understood that pets running free and playing could get scrapes and bruises.
It's the open environment that is entertaining and fun for the pets. I agree to hold harmless and release PAPA BEARS DOGGY DEN, and it's staff from any and all liability to my pet(s).

Signature _____ Date _____

I authorized PaPa Bear's Doggy Den to treat my pet should they require either routine or emergency care while staying at PaPa Bears Doggy Den. Should my pet require surgery or sedation, I consent to the administration of anesthesia or sedation as deemed necessary by the doctor. I acknowledge that risks and the possibility of complications exist in any surgical or medical treatment, and I release the previously named veterinarian facility from any and all liability resulting from injury or death related to procedures and treatments performed. I also understand that payment for services rendered are expected at the time of service. Therefore, I authorize payment for the invoiced amount and I will reimburse PaPa Bears Doggy Den before my pet leaves the Doggy Den.

Owner signature _____ Date _____

Do Not complete below this line.

REQUEST FOR VETERINARY SERVICES
Waynesburg Animal Hospital is our on call Veterinarian Service

Today's date: _____ Time: _____

Owner _____

Address _____

State _____ Zip Code _____

Home phone _____ Cell Phone _____ Other phone _____

Name of Pet _____ Breed _____ Color _____

Age _____ Weight _____ Sex ___ Spayed/Neutered? _____

Any previous or current health problems we should be aware of: _____

_____