

PUPPY LOFT ENROLLMENT APPLICATION

TODAY'S DATE: ___/___/___

Checklist BEFORE your pup's first day with us

- ENITRE application filled out (including credit card info and all necessary signatures/initials)
- Vaccination record included showing pup was vaccinated for Distemper combination, Rabies, Bordetella (Kennel Cough) and 6+ month old have been spayed/neutered
- Required in-person meeting with Puppy Loft staff (dog present)
- Application, Vaccination records and in-person meeting completed 1 day prior to first day

PET PARENT INFORMATION

First Responsible Party

First Name: _____ Last Name: _____

Address: _____ Unit/Apt: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ - _____ - _____ Work Phone: _____ - _____ - _____

Cell Phone: _____ - _____ - _____ Email: _____

Spouse/Partner

First Name: _____ Last Name: _____

Address: _____
(if same as above just put "Same") Unit/Apt: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ - _____ - _____ Work Phone: _____ - _____ - _____

Cell Phone: _____ - _____ - _____ Email: _____

AUTHORIZED/EMERGENCY CONTACT PERSON

First Name: _____ Last Name: _____

Cell Phone: _____ - _____ - _____ Work Phone: _____ - _____ - _____

Other people authorized to pick up my pet: _____

ENROLLMENT APPLICATION

PET INFORMATION

Please fill out this page for each pet

Name: _____

Gender (Circle One): Female Male

Is your pet spayed/neutered (Circle One)? Yes No

Breed: _____ Color/Markings: _____

Weight: _____ Birthday or Adoption Date: ____/____/____

DOG'S BACKGROUND

Please describe any medical conditions or allergies that your dog has:

Please list all medications:

Please describe your dog's food and any special dietary instructions (include brand of food and amount):

Has your dog been vaccinated for Rabies, Distemper, Parvovirus and Kennel Cough? You must provide proof of these Vaccinations from your Veterinarian to Puppy Loft.

My dog plays best with:

My dog is best described as:

A few of my dog's favorite things:

Has your dog ever displayed aggression (i.e. over toys or food, towards people or other pets)?

Is there anything special that we need to know about your pet (i.e. Special Behavioral Concerns, Can Climb Fences)?

VET INFORMATION

Hospital Name: _____

Doctor's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ - _____ - _____

Email: _____ Website Address: _____

ENROLLMENT APPLICATION PAYMENT AUTHORIZATION

Type of Card (Circle One): VISA Mastercard Amex Discover

Name (as it appears on card): _____

Card Number:

CVV (Last 3 Digits on the back of the Visa, MC, or Discover, 4 Digits Printed on Front of Amex):

Expiration Date: _____ / _____

Billing Address (if same as listed on Page 1 just put "Same"):

Address: _____ Unit/Apt: _____

City: _____ State: _____ Zip: _____

By signing below,

- (1) I acknowledge that the information I have provided on this application is true and correct.
- (2) I hereby authorize Puppy Loft Inc. to charge any balance for any services on my account that are "Past Due" and acknowledge that all payments are due when services or products are rendered.
- (3) I also acknowledge with my signature that this is a valid authorization for Puppy Loft Inc. to charge the above listed credit card or any other card submitted to Puppy Loft Inc. for services or products that are rendered according to the policies of Puppy Loft Inc.

Signature

Date

CLIENT AND RELEASE OF LIABILITY AGREEMENT

Please initial next to each statement and sign below

_____ I hereby hold harmless and indemnify Puppy Loft Inc. , its agents, officers, sub-contractors, employees, pet owners, customers, and potential customers (Indemnified Parties) from any and all liabilities, financial or otherwise, for injuries to myself, my pet(s), or any other property of mine which may arise from services that are rendered by The Puppy Loft Inc. or as a consequence of my association with Puppy Loft Inc. except to the extent caused by gross negligence, bad faith, or intentional misconduct of the Indemnified Parties.

In consideration of the services rendered by Puppy Loft Inc., I agree to assume any all liability financial or otherwise, for the behavior and health of my pet arising in connection with such services. I waive any and all claims, actions, or demands of any nature, either foreseen or unforeseen, that I may have against Puppy Loft Inc. relating to the care, control, health, and safety of my pet arising in connection with the services that are rendered by The Puppy Loft Inc. except to the extent caused by gross negligence, bad faith, or intentional misconduct of the Indemnified Parties.

_____ I hereby authorize Puppy Loft Inc., its agents, officers, sub-contractors, and employees to do whatever they deem necessary for the safety, health, and well-being of my pet while under the care of Puppy Loft Inc.

_____ By signing below, I acknowledge that I have read this agreement and release of liability in its entirety and agree to the terms. This agreement shall be binding for every time services are rendered by Puppy Loft Inc. on my behalf.

Signature

Date