DOGPHORIA ENROLLMENT FORM

BOOI HORIA EI	ALCCELINE	I FORIVI	
Dog's Information			
		How dic	you hear about us?
Dog's NameColor_Age			Referral
BreedColor_Age			Kerenai
John Mill Medicida/Jpayea. 1 IN		***	Phone Book
Owner's Name			Advertisement
Address	- to		Other
Home PhWork Ph			
Mobile Ph		-	
Emergency ContactPhone			
Email Address@			
Marka Line			
Medical Information			
Date of Last Vaccinations: RabiesParvo_	DHLP	В	ordetella
Date of Last Heartworm TestMethod	l of Flea Contr	ol	
Veterinary PracticeDoctor	r's Name		
Address Phone			3
Credit Card Information			
□ VISA □MC			
Number (16 digits)	Eve Data	V Cada	
Number (16 digits)	Exp. Date	V Code	
			-
Billing Address	Zip		
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DogPhoria Inc ("DogPhoria"), its owners, its e			
providing a safe, healthy environment for all of its cubarding and training however, present contain risk			
boarding and training, however, present certain risk fights, transmission of dispasses, and other incidents to	s. Such fisks in	Clude, but d	are not limited to dog bites, dog
fights, transmission of diseases, and other incidents t being exercised off the premises.	nai may occi	r on the pre	mises of DogPhoria or while pets are
	rina tha mada	raine and IIID a	to one off) to use a since allower and
For the sole consideration of DogPhoria allow	from Doalhari	rsigned (Re	an his/har half of his/har hair
grooming, boarding, training and/or other services f	of Polograpis	a, keleasor,	on his/her behalf of his/her heirs,
executors, administrators, assigns and all co-owners	to Releasor s p	ber(s), nerec	by now and forever, fully and
finally, release, acquits, and discharges DogPhoria,	iis owners, em	pioyees, age	ents, and assigns from any and all
claims, demands, rights and causes of action whats	oever kina an	a nature, ari	sing from, boally and personal
injures, damage to property, and the consequence	s mereor, no r	natier the c	duse, resulting from or in any
manner related to the provision of daycare, groomi	ıng, boaraing,	iraining or c	iny other services offered by

to release such claims and hereby assumes full responsibility for any damages or losses incurred by releasor by reason of the aforesaid release.

DogPhoria. Releasor understands and acknowledges the significance and consequences of such specific

Releasor hereby authorizes DogPhoria to obtain medical and vaccination records for Releasor's pet(s), to contact Releasor's veterinarian directly for purposes of obtaining such records, and to contact said veterinarian directly should the need arise.

I, RELEASOR, HEREBY AGREE TO THE ABOVE.

intention

Releasor	Date

AUTHORIZATION, ACKNOWLEGEMENTS AND WAIVER

Credit Card Charges

I authorize DogPhoria 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. I authorize DogPhoria to charge my credit card at their option at either the time of my making a reservation or at commencement of my dog's usage of services. This charge will be in the approximate amount of the cost of services rendered. Charges will be in an amount sufficient to pay my bill in full, and all charges, are final when made. In the event of a charge, DogPhoria may decline to provide services if my credit card is declined for any reason. In the event a charge is declined, DogPhoria may assess a declination charge not to exceed the greater of \$10 or the maximum otherwise permissible for late charge assessments in addition to any charges assessed by the paying institution against DogPhoria with respect to a dishonored transaction. Alternatively, if any of the foregoing changes to my card are declined, DogPhoria is authorized to charge my spouse's or designated other's card if it is on file. The fact that it is on file constitutes consent by the card holder to do so. In the event that my (or my spouse's or designated other's) credit card cannot process payment due to a limitation placed on individual transactions, DogPhoria may divide the total charge into incremental portions in order to process the charge. I understand that all pre-paid package charges for daycamp are NON-REFUNDABLE

 $and \, NON-TRANSFERRABLE; I also \, understand \, that \, all \, deposits \, for \, boarding \, are \, NON-REFUNDABLE \, and \, NON-TRANSFERRABLE.$

Dog Behavior and Health

I understand that DogPhoria reserves the right to refuse services or use of its facilities for dogs who, in its sole determination, are unhealthy, act aggressively, are undisciplined, evidence inappropriate behavior or who may otherwise be a danger to themselves or other animals or users. To use the facilities my dog must be spayed or neutered if it is older than 8 months of age. Distemper, Parvo, Rabies and Bordatella vaccinations must remain current. If requested to do so, I will provide DogPhoria with an up-to-date health certificate verifying compliance with these requirements. DogPhoria reserves the right to suspend usage if I do not provide required verification, and in such event I am not entitled to any refund or credit. I acknowledge that I undertake responsibility for, and will not hold DogPhoria liable for, any illness or ailment which my dog may incur while in the presence of other dogs at the facility or otherwise.

Injuries

I acknowledge that dogs are encouraged to socialize and exercise at DogPhoria and that injury to my dog can reasonably be forseen to result from playing and roughhousing while in the care of DogPhoria. I agree to assume the risks and hazards that might be expected to arise from such use and the presence of my dog's interaction with other animals. I also agree that DogPhoria shall not be responsible, monetarily or otherwise, for injuries to my dog which may arise in the course of play or which may be caused by the presence of actions of other dogs. I shall hold DogPhoria and its employees harmless from, make no claim against, and indemnify DogPhoria and its employees against any costs, damages, claims or expenses (including vet fees) that may result from an injury or illness to my dog, or to another dog, if caused by my dog. I understand that my agreeing to the foregoing and specifically, my agreement to not hold DogPhoria responsible for the payment of veterinarian bills is of the essence of this agreement and that DogPhoria would not agree to care for my dog without this inducement to do so.

Veterinary Care

If, in my absence, my dog should be injured, become ill, or is otherwise deemed by DogPhoria to require immediate veterinary attention, DogPhoria is authorized to consult with and utilize the services of my veterinarian for treatment and guidance. If my veterinarian is unavailable, DogPhoria is authorized to utilize the services of any other reputable veterinarian. I understand that I am responsible for any charges with respect to any such veterinary care. I also authorize DogPhoria to have full access to my dog's veterinarian records and past medical history.

Additional Care

DogPhoria is not responsible for the loss of or damage to any personal property which I may leave at the facility (including: beds, harnesses, leashes, toys, etc.). I understand that my dog must have a secure collar or harness to wear during its day at DogPhoria, and for safety purposes, my dog must also have an identification tag attached to its collar or harness.

In the event that I am boarding my dog, DogPhoria will feed my dog with food that I leave at the facility. I will ensure that the food is properly divided into daily portions, and that it is labeled with my dog's name. If I wish DogPhoria to provide food, I understand that DogPhoria will purchase food out of its retail store for an additional charge at the then retail price.

By signing below, I acknowledge that I have read and accept the terms and conditions stated above.

Signature	Print Name	Date