

Paws in Paradise Pet Hotel & Doggie Daycare

5108 Thatcher Road • Downers Grove, IL 60515

V: 630.719.1840 • F: 630.719.1841 • Email: pawsinparadise@icloud.com

www.pawsinparadiseonline.com

I understand that before my dog(s) can play or board at Paws in Paradise, the following requirements must be met:

- My dog must pass a temperament test to ensure he/she is not aggressive towards people or other dogs. During your pet's stay at Paws in Paradise, he/she will be subject to a probationary period of one week.
- My dog's complete veterinary inoculation records must be furnished to Paws In Paradise, including Rabies, Distemper, Bordetella, Heart Worm & a negative Fecal Test. It is recommended all pets be on a flea program.
- My dog must wear a collar or harness with an ID securely attached at all times while at Paws in Paradise.

Signature _____

Date _____

OWNER INFORMATION

First Name: _____ Last Name: _____

Spouse/Partner First Name: _____ Last Name: _____

Address: _____ Unit/Apt. #: _____

City/State/Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-Mail Address: _____

Referred By: _____

Spouse/Partner Work Phone: _____ Cell Phone: _____ E-Mail Address: _____

CREDIT CARD: MasterCard Visa (Recommended. However, this information is required for dogs who are picked-up and dropped off either at The Velvet Touch or the client's home. This information will be strictly confidential and be used ONLY with your approval to pay for products & services at Paws in Paradise.)

Credit Card Number: _____ Expires (mm/yyyy) _____

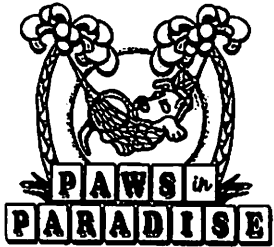
Billing Address (if different from above): _____

City/State/Zip: _____ Security Code: _____ Authorized Signature: _____

EMERGENCY CONTACT:

Name: _____ Relationship: _____

Contact Numbers: _____



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DOG INFORMATION

Name: _____ Gender: Female Male

Breed: _____ Color/Markings: _____

Weight: _____ Birthday/Adoption Date: _____ Spayed/Neutered?: Yes No If No, surgery is scheduled for: _____

MY DOG'S BROTHER OR SISTER (If Applicable)

Name: _____ Gender: Female Male

Breed: _____ Color/Markings: _____

Weight: _____ Birthday/Adoption Date: _____ Spayed/Neutered?: Yes No If No, surgery is scheduled for: _____

VETERINARY INFORMATION

Primary Clinic: _____ Doctor: _____

Address: _____ City/State/Zip: _____

Phone Number: _____

OTHER IMPORTANT INFORMATION

My dog(s) will need to be fed while at Paws in Paradise: Yes No

MY DOG EATS: Breakfast Lunch Dinner _____ Cup(s) at each meal

PLEASE FEED ONLY THE FOOD I'VE PROVIDED: _____ (Brand) PLEASE FEED IN-HOUSE FOOD

MY DOG HAS ALLERGIES Explain: _____

SPECIAL FEEDING INSTRUCTIONS: _____

MY DOG IS ON MEDICATION: Yes No _____

Name of Medication: _____ Condition/Reason: _____

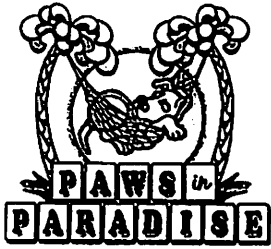
Dosage (Amount & Frequency): _____

Special Notes/Instructions: _____

OTHER PEOPLE AUTHORIZED TO PICK UP MY DOG(S)

Name: _____ Telephone: _____ Relationship: _____

Name: _____ Telephone: _____ Relationship: _____



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LIABILITY AGREEMENT

Dog's Name(s) (Please Print)

Owner's Name(s) (Please Print)

CLIENT AGREEMENT AND RELEASE OF LIABILITY

I hereby release Paws in Paradise, its agents, officers, sub-contractors, employees, animal owners, customers and potential customers of Paws in Paradise from any and all liabilities, financial and otherwise, for injuries to myself, my dog, or any other property of mine, which arise in any way from services and/or products provided by or as a consequence of my association with Paws in Paradise.

I agree to assume all liabilities and responsibilities, financial or otherwise, for the behavior and health of my dog. In consideration of the services rendered by Paws in Paradise, I waive any and all claims, actions or demands of any nature, foreseen or unforeseen, that I may have against Paws in Paradise relating to the care, health and/or safety of my dog arising during pick-up, transport, drop-off and stay at the facilities.

I authorize Paws in Paradise to do whatever they deem necessary for the safety, health and well-being of my dog while under the care of Paws in Paradise, including seeking professional veterinary treatment of my dog.

Due to the many outstanding benefits of socialization and Paws in Paradise commitment to the safety and well-being of my dog, I agree that the benefits of socialization outweigh the risks. Furthermore, I request a socialized environment for my dog while under the care of Paws in Paradise.

I understand that Paws in Paradise has the right to refuse service to me and/or my dog at any time for any reason. I understand that if my dog has a history of or repeatedly demonstrates aggression or biting of humans or animals, Paws in Paradise reserves the right to "Single" (separate my dog from group playtime) or refuse service. I understand that all bites will be reported to the local authorities as required by law.

I hereby declare to Paws in Paradise that I am the legal owner of my dog; that my dog has not been exposed to distemper, rabies or parvo virus within the past thirty (30) days and that my dog has been inoculated as indicated by the records presented.

PAYMENT REQUIREMENTS

I understand that the hours of operation at Paws in Paradise are 7:00am to 11:30am; 1:30pm to 7:00pm - Monday through Friday; Saturday: 8:00am to 5:00pm; Sunday: 9:00am to 3:00pm. Paws in Paradise is closed every day from 11:30am to 1:30pm for nap time and housekeeping.

If I purchase a half-day service and fail to pick up my dog after five (5) hours, I understand I will be charged the full daycare fee. If I fail to pick up my dog by 7:00pm, I understand that a \$42.00 overnight boarding fee will be assessed. Payment is due at the time of service. Any outstanding balance will be assessed a \$5.00 charge each month the balance remains open.

I authorize Paws in Paradise to charge my credit card for any outstanding balance on my account. I understand that I will be charged a \$25.00 handling fee for returned checks.

GROOMING DETAILS

I have given specific grooming information about my dog to Paws in Paradise and/or The Dog Brow and understand that if Paws in Paradise and/or The Dog Brow requires any clarification of my grooming requests they will not groom my dog until they contact me.

I understand that the de matted procedure increases the risk of injury to my dog and will not hold Paws in Paradise and/or The Dog Brow, its owners or its employees responsible for injury or medical expenses resulting from my dog being de matted. I understand that my dog will only be de matted at my request. I further understand that grooming charges are not included in boarding fees.

CANCELLATION REQUIREMENTS: Reservations cancelled with less than 48 hour notice are subject to a fee of \$50.00.

By signing below, I acknowledge that I have read this Daycare and Boarding Liability Agreement in its entirety and agree to the terms outlined within. This agreement shall be binding for a period of ten (10) years from the date of the signature below.

Client Signature _____ Date _____

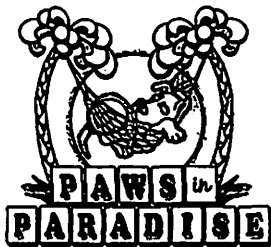
We are closed DAILY 11:30-1:30
there is NO pickup or drop off during this time!!

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For advance hotel registration, check-in forms are available on our website or ask the staff for our FREE Pet Partners App that will allow you to register for check-in using your phone.

Boarding Check-In

(one dog per form, please)

DOG'S NAME: _____ BREED: _____

OWNER'S NAME(S): _____

BOARDING ARRIVAL DATE: _____ APPROX. TIME: _____ DEPARTURE DATE: _____ APPROX. TIME: _____

Medications

(If more space is needed, please attach a separate sheet)

NAME OF MEDICATION: _____ REASON/CONDITION: _____

DOSAGE (Include frequency & amount): _____

NAME OF MEDICATION: _____ REASON/CONDITION: _____

DOSAGE (Include frequency & amount): _____

SPECIAL MEDICATION INSTRUCTIONS: _____

Feeding

MY DOG EATS: Breakfast Lunch Dinner _____ Cup(s) at each meal

PLEASE FEED ONLY THE FOOD I'VE PROVIDED: _____ (Brand) MY DOG HAS ALLERGIES Explain: _____

SPECIAL FEEDING INSTRUCTIONS: _____

Grooming: Award winning grooming provided by The Dog Brow

Would you like your dog bathed before returning home? We offer full-service Grooming. For a complete list of services available, consult our staff.

Full Grooming: Complete bath, brush out, nail dip, ear cleaning, full body haircut & style Nail Trim & File

Bath, Brush & Tidy: Complete bath, brush out, nail dip, ear cleaning (Face & paws trimmed only)

GROOMING CHARGES ARE NOT INCLUDED IN BOARDING FEES AND MUST BE PAID BY CASH OR CHECK ONLY

Additional Room Service

Included in EVERY reservation is lots of exercise & playtime. Suite Reservations also include an extra comfy bed. For a small additional charge, these special treats are available:

IN-HOUSE FOOD: \$2.00 per day for meals provided by Paws in Paradise

KONG® TOYS stuffed w/goodies: \$3.25 per night. Number of Nights: _____ GOURMET TREAT @ bedtime \$3.65 per night. Number of Nights: _____

Check Out: Pick-up before 11am: NO CHARGE • Pick-up after 1:30pm: YOU WILL BE CHARGED FOR AN ADDITIONAL BOARDING DAY

LOCATION REQUESTED FOR PICK-UP:

Paws in Paradise, Downers Grove, IL

The Velvet Touch, Hinsdale IL (Please contact The Velvet Touch for pick-up status)

FULL DAY BOARDING CHARGES WILL APPLY FOR PICK-UP AT THE VELVET TOUCH

PLEASE NOTE: Our facility is closed every day between 11:30am & 1:30pm for nap time for all guests as well as to facilitate our housekeeping service. NO CHECK-INS OR CHECK-OUTS WILL BE ALLOWED DURING THESE HOURS.

DESCRIPTION:

Canine Flu Vaccination Waiver

The CIV is a highly contagious infection to dogs caused by a novel influenza classified at H3N8, a subtype virus first discovered in 2004. The Chicago land area is experiencing another breakout classified H3N2. The virus spreads readily and all dogs, regardless of breed or age, are susceptible to infection. Although most dogs get a milder form of influenza, some develop severe pneumonia.

Please notify us if your dog has shown any sign or symptom of the common cold.

Therefore, we strongly recommend our client's dogs be immunized prior to boarding or day care or to sign this release form indicating your choice to not get the vaccination for your dog.

If your dog has not been immunized against the flu virus and you wish to board with us, you must sign below to indicate that you have read about the canine influenza facts and that you assume any and all risks to your dog's health should he/she come in contact with the virus before, during, or after your dog has stayed with us.

_____ I have read the above information about the canine flu and understand the risks

_____ I will not hold Paws in Paradise Doggie Hotel , its owners, or associates liable should my dog(s) be subjected to the canine flu virus.

PET OWNER SIGNATURE _____

DATE _____



Please carefully read and sign the following:

Paws in Paradise Hours of Operation

Closed daily from 11:30am-1:30pm

Monday: 7:00am-11:30am & 1:30pm-7:00pm

Tuesday: 7:00am-11:30am & 1:30pm-7:00pm

Wednesday: 7:00am-11:30am & 1:30pm-7:00pm

Thursday: 7:00am-11:30am & 1:30pm-7:00pm

Friday: 7:00am-11:30am & 1:30pm-7:00pm

Saturday: 8:00am-11:30am & 1:30pm-5pm

Sunday: 9:00 am-11:30am & 1:30-3:00pm

We are closed to the public on:

New Years Day

Easter

Memorial Day

4th of July

Labor Day

Thanksgiving

Christmas

Hours vary on: Day after Thanksgiving, Christmas Eve, & New Years Eve

Friendly Reminder:

- If you are getting your dog(s) groomed with The Dog Brow it is a separate payment from Paws in Paradise. The Dog Brow only accepts **cash or check**.
- If you pick up your boarding dog **after 11:30am** you will get charged for another night

Signature: _____ Date: _____