

Grooming Application

Owner Information:

Name: _____ Address: _____

City: _____ State _____ Zip Code: _____

Home Phone: _____ Cell 1 Who: _____

Cell 2 Who: _____ Work: _____

Email: _____ Email 2: _____

Emergency Contact (other than Self)

Name _____ Phone _____

Name _____ Phone _____

How did you Hear About Us:

Drive By/Sign Low Country Dog CHS Dog Show Kiawah Club Island Club

Internet Site _____ (Google, Yahoo, Etc)

Who Can We Thank for Your Referral Name: _____

Veterinarian: _____ Telephone: _____

Address: _____

Dog Information

Dog's Name: _____ Sex: _____ Current age: _____ Birthday: _____ Estimate If Unknown Spayed/Neutered: _____	Breed: If a mix, list two predominant breeds in behavior: _____
How long have you owned your dog? _____	Years: _____ Months: _____
Has your dog ever been to dog daycare before? <input type="checkbox"/> Yes <input type="checkbox"/> NO Color/Markings: _____ Last Rabies Shot: _____ DHLP: _____ Bordetella _____	

Copy Of Vaccinations Attached? <input type="checkbox"/> Yes <input type="checkbox"/> NO	
Proof Of Bordetella <input type="checkbox"/> Yes <input type="checkbox"/> NO	
Where did you get your dog? <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Breeder <input type="checkbox"/> Pet Store <input type="checkbox"/> Animal Shelter <input type="checkbox"/> Animal Rescue Group <input type="checkbox"/> Friend <input type="checkbox"/> Found As Stray <input type="checkbox"/> Other _____	What knowledge do you have of your dog's past history?

Health History

Please describe your dog's flea/tick control and prevention program:	
Does your dog have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	
Does your dog have any physical disabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain disability & cause:	
Does your dog have any medical conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	
Does your dog take medications? <input type="checkbox"/> Yes <input type="checkbox"/> NO If Yes Please fill out medication information 1. Name _____ Dosage _____ Time of Day _____ Given with (Circle) Pill Pocket, Cheese, Pnutbutter, or mixed in food 2. Name _____ Dosage _____ Time of Day _____ Given with (Circle) Pill Pocket, Cheese, Pnutbutter, or mixed in food	
How often do you brush or comb your dog's coat?	How does your dog react to having his/her nails clipped?
Does your dog like to be brushed? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, what have you tried to make it more enjoyable?	
Does your dog have any sensitive areas on his/her body? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where?	

How long has been since your dog was groomed last? _____
 Please Mark All That Apply: _____ Noisy/Barks Bites _____ Arthritic _____ Shy _____
 Social _____ Not Social _____ Fence Jumper: _____ Digger: _____
 Does your dog mind nail grinding/trims? Yes or No
 Has your dog ever had to be muzzled for hair cut? Yes or No
 Special Shampoo : _____ Problems with Dryer: _____

- **Additional fees may be charged for excessive matting, extensive shaving or haircut based of time of groom.**

Signature: _____ Date: _____

Dog Tired Pet Services, LLC Owner Agreement

THE PARTIES TO THIS AGREEMENT AGREE AND ACKNOWLEDGE THAT THIS RELEASE INVOLVES INTERSTATE COMMERCE AND THAT ALL DISPUTES ARISING UNDER THIS AGREEMENT SHALL BE RESOLVED THROUGH BINDING ARBITRATION PURSUANT TO THE SOUTH CAROLINA UNIFORM ARBITRATION ACT, AS MODIFIED HEREIN.

1. I understand that I am solely responsible for any harm caused by my dog(s)/cat(s) while my dog(s)/cat(s) are attending, daycare, boarding, or grooming at Dog Tired Pet Services, LLC.
2. I further understand and agree that in admitting my dog(s)/cat(s), Dog Tired Pet Services, LLC has relied on my representation that my dog(s)/cat(s) is/are in good health and have not harmed or shown aggression or threatening behavior towards any person or any other dog.
3. **Vaccinations:** All dogs/cats must be current on all vaccinations including for dogs: Distemper/Parvo, Rabies, & Bordetella (kennel cough) each year. Proof of vaccinations will be required every year. Dogs on a Holistic Care Plan must provide written documentation from your veterinarian. Owner recognizes and accepts that while their pet is at Dog Tired Pet Services, LLC it may be stressful to the pet and will not hold Dog Tired Pet Services, LLC responsible for induced illness, injury, behavior change, or weight gain or loss during or after their stay. Dog Tired Pet Services, LLC reserves the right to decline acceptance of a pet if found to have medical condition or exhibits behavior that renders the opinion that our facility is not in the best interests of the pet.
4. I further understand and agree that Dog Tired Pet Services, LLC as well as their staff and volunteers, will not be liable for any claims, liability or damages arising from my pet's boarding and care at Dog Tired Pet Services, LLC facility. I hereby release them of any liability of any kind whatsoever arising from my dogs(s)/cats attendance and participation at Dog Tired Pet Services & Cat Naps Too. All pets boarded or otherwise handled or cared for by Dog Tired Pet Services, LLC without liability on company's part for loss or damage from disease, theft, fire, death, escape, injury, or harm to persons, other pets, or properly by said pet or other unavoidable causes, due diligence and care having been exercised. The client waives and relinquishes any and all claims against Dog Tired Pet Services LLC, its employees and/or independent contractors, except those arising from gross negligence.
5. **Emergency Contact:** Client agrees to provide Dog Tired Pet Services, LLC with contact information where he/she can be reached while away. Client will also provide a name and phone number of someone who is authorized to handle any major problems that may arise. If Client or designated contact person cannot be reached in a timely manner, Client agrees that Dog Tired Pet Services, LLC may resolve emergencies at its sole discretion.
6. **Emergency Care:** I further understand and agree that any problems that develop with my dog(s) will be treated as deemed best by staff and volunteers of Dog Tired Pet Services, LLC in their sole discretion, and that I assume full financial responsibility for any and all expenses involved. Dog Tired Pet Services may in its sole discretion, may engage the service of a veterinarian of its choosing, administer medication, which expenses thereof shall be paid by owner.

7. All dogs must arrive on leash wearing a flat, quick release, snap on collar for their safety. Collars should neither be too tight nor too loose. Identification on their "daycare" collar is recommended. Collars will be removed during play for safety precaution.
8. **Fleas:** Owner agrees that their pet is free of fleas. If pet(s) has an infestation, the pet(s) will be treated at the owner's expense of minimum \$10 and Maximum \$150.
9. **Rates:** Assessments are \$24 per dog. The rates for daycare are: Half Day (5 hours or less) \$18, Full Day- \$24 (\$5 Off 2nd Dog), or packages of 5 Days for \$115, 10 days \$240, 20 days \$420, 30 Days \$600. Packages may carry over from month to month. Packages expire within 6 months. Boarding rates 1 Dog: Executive Suite \$42/night; 4*3 Suites \$37/Night, crated stays are \$32/night. Multiple family pets are each \$5 Off if physically sharing the same sleeping area only. Private Play dogs are \$30/daycare and \$10 additional per dog per night due to extra time in handling & care.
10. **Cancellation & Holidays:** Dog Tired Pet Services, LLC requires a 6:30PM notice of cancellation prior to day of day care. Less than requested notice may result in Client being billed for 50% of the fee for booked services. Any boarding cancellations prior to major holidays; ie: Christmas Eve, Christmas Day, New Years Eve and New Years Day, Easter Sunday, Memorial Day, July 4th, Labor Day and Thanksgiving Day **with less than a seven day notice** will result in 50% of the total invoice for scheduled day care/boarding to be paid. We request your understanding that holiday travel is a peak service time for pet care.
11. **Deposits for Holidays:** A 50% deposit is required to hold all reservations during the above listed holidays.
12. **Payments:** Payment for dog daycare, boarding, and grooming are due upon pick up of pet. Owner shall be liable to Dog Tired Pet Services, LLC for all unpaid charges. All charges are non refundable. Payments accepted: Cash, Check, Visa, Mastercard & Discover. Credit Cards may be kept securely on file at Dog Tired Pet Services, LLC. I authorize my credit card to be charged for services. (Initial)_____
13. **Form of payment:** Visa Mastercard Discover
 Name as it appears on Card.: _____
 Card Number: _____ Expiration Date: _____ Vin: _____
 Billing Address if different from address listed on front: _____
14. **Dog Dismissal & Daycare Packages Transfers:**
 If a dog is dismissed from Dog Tired Pet Services's, LLC group play daycare program, who has purchased a prepaid package, the remaining days in the package may be applied to other pet services such as private play, grooming/bath, or in home pet sitting. No refunds will be given.
15. **Food For Pets:** Owner agrees to provide pet's diet for all services. If owner does not provide food for boarding or requests a daycare lunch, there will be a \$3 charge per meal for dogs under 30 lbs and \$5 per meal for dogs over 30 lbs.

16. **Temperament/Assessment Test:** I understand that if my dog does not participate in the temperament/Assessment test prior to boarding, my dog may not interact with any other dogs during its stay.
17. **Late Pick Ups:** If you pick up after 6:30 PM there will be a \$20 after hours charge. If we have not heard from the owner by 7:00 PM, the dog(s) will be moved to boarding at the owners expense; boarding and meal rates will be applied.
18. **Abandonment Of Pet:** Abandoned pets left without contact (phone or email) from owners over 7 days after end date of original scheduled reservation, may go to a rescue group or a shelter that may require euthanasia. The owner will be responsible for costs during abandonment period prior going to rescue or shelter. All fees accrued with rescue group or shelter will be the responsibility of the owner.
19. **Grooming:** Owner assumes the responsibility to provide clear and complete grooming instructions including haircut. Owner assumes the responsibility to understand and accept the pricing for grooming services requested for the services performed by Dog Tired Pet Services. Owner agrees that their pet is free of fleas. If pet(s) have an infestation, the pet(s) will be treated at the owner's expense of min \$10 and Max \$150. Excessive matting may require additional fees.
20. **Baths Only:** Dogs left over 5 hours for bath (shampoo, nails, and ears,) will be subject to full daycare charge of \$24 per dog.
21. **Pre-Existing Conditions:** Dog Tired Pet Services, LLC will not be responsible for pre-existing medical conditions including but not limited to; heart conditions, skin allergies/inflammation, moles, surgical sites, arthritis, hip dysplasia, ear infections, fatty and non-fatty tumors etc. on any pets for any services. Owner is to advise Dog Tired Pet Services, LLC of any medical conditions in writing.
22. **Photography:** I allow Dog Tired Pet Services, LLC to photograph my pet(s) while in their care. These photos may be used for marketing purposes.
23. **Arbitration and Jurisdiction.** All parties to this agreement agree that the exclusive jurisdiction for the resolution of all disputes arising in any manner concerning this agreement or any addendum to or extension of same shall be in the State of South Carolina, County of Charleston and that South Carolina Law shall govern all such matters.

Any arbitration between the parties shall be conducted in Charleston County, South Carolina. In the event the parties cannot agree upon a single arbitrator, each shall appoint an arbitrator who must be a member of the Charleston County Bar Association, having at least ten (10) years experience in general business or real estate matter. The arbitrators so appointed shall agree upon a third arbitrator. In the event that the arbitrators so appointed by the parties cannot agree upon a third arbitrator, the presiding Circuit Court Judge of Charleston County shall appoint a third member of the arbitration panel. Each party shall bear its own costs incurred in the course of said arbitration, including the payment of the arbitrator's fees and expenses, however, the prevailing party

shall be entitled to an award of all costs, expenses, and attorney's fees incurred at the discretion of the panel.

24. Limitation on Liability: The parties expressly agree that the maximum liability of Dog Tired Pet Services, LLC to its customers, clients and pet owners shall be, under all circumstances, the fees paid by customer, client or pet owner to Dog Tired Pet Services, LLC.

I certify that I have read and understand the rules and regulations set forth above page and that I have read and understand this entire agreement. I agree to abide by the rules and regulations and accept all the terms, conditions and statements of this agreement. All provisions of this Contract shall be binding upon both parties thereunto for this visit/service and for all subsequent visits/services.

Owner: _____ Dog(s) Date: _____

Dog Tired Pet Services Rep: _____ Date: _____

**DOG TIRED PET SERVICES, LLC
EMERGENCYVETERINARY CARE AUTHORIZATION & RELEASE**

Client Full Name: _____

Pets: _____

Phone Numbers: Home _____ Cell _____ Work _____

In the event any pet of mine becomes ill or injured while in the care of Dog, LLC (the "Service"), I hereby authorize the Service to transport the pet to any available veterinarian to diagnose and treat its condition.

I authorize the Service at its discretion to obtain veterinary care from any veterinarians in the same clinic, or a different veterinarian /veterinary clinic, or an emergency care clinic, as it deems appropriate.

I understand that all efforts will be made to contact me regarding my pet's condition, diagnoses and suggested treatment. However, if it is not possible to contact me, I authorize any veterinarian or any emergency care clinic to diagnose and treat my pet at his/her discretion, *if applicable*: to a maximum treatment limit of \$ _____ per pet. PLEASE DO NOT LEAVE BLANK. I further authorize my pet's veterinarian to provide access to medical records for my pet(s) to any additional veterinarian(s) or clinics who are involved in providing treatment or care to my pet(s).

I understand that I am solely responsible for the payment of and/or reimbursement to the Service for any and all veterinary services rendered, including but not limited to diagnosis, treatment, medical supplies, kenneling, and special diet. I agree to pay all such costs within 5 days of receiving notice of same. I further agree to pay the Service's charges for emergency transportation, supervision and emergency care giving within 5 days of being invoiced for the same.

OPTIONAL Credit Card Information for Emergency Care Only Visa Master Card Amex Card
No.: _____ Exp: _____ Vin: _____

I authorize my credit card to be charged for Veterinary Care.

Billing Address of Card if different than Above: _____

Client Signature _____

Print name _____ **Date** _____

Dog Tired Pet Services Representative _____

Print name _____ Date _____