



Enrollment Application

133 Jonesboro Road. McDonough, GA 30253

Phone:(678)759-1685 Fax:(678)759-1688 georgiapawpad.com

Please complete the following information to the best of your ability. It will help us to maintain a safe and fun environment for all of our guests.

Please note:

- All cats are required to be spayed or neutered unless they are under (6) months of age.
- Flea and tick preventative are required year round.
- We require proof of vaccinations from your vet, including Rabies, Feline Leukemia & FVRCP

In order to make a reservation at The Paw Pad, please return this packet with all required current vaccination records at least 4 days prior to the first reservation.

Parent one: Last name: _____ First name: _____

Street address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____ Ext. _____

Cell phone: _____ Which of these is the best number for you to be reached at? _____

Email: _____

Parent two: Last name: _____ First name: _____

Is the address the same as above? Y / N If no please list here: _____

Home phone: _____ Cell phone: _____

Emergency contact (other than the parents): First and last name: _____

Home phone: _____ Cell phone: _____

Please list the name(s) of those who are authorized to drop off/pick up your pet: (We will only release your pet to those who are listed below)

Pet Profile (If you need more space for additional pets, please our ask customer service specialist)

Pet's name: _____ Breed: _____ Color: _____ Sex: M / F

Weight: _____ Date of birth: _____ Neutered _____ Spayed _____ -This is required by 6 months of age

Diet: Food brand and name: _____ Wet _____ Dry _____

Amount per serving: _____ Feeding times: morning _____ afternoon _____ night _____

Any food restrictions or allergies? Yes / No (If yes, please list) _____

Is your cat allowed to have treats provided by The Paw Pad? Yes No

Are there any other special needs or information about your dog that you feel might be helpful to ensure that your pet's experience at the Paw Pad is the best it can possibly be? (i.e. fear of men, food/toy possessive, destructive chewing, separation anxiety) _____

Veterinarian Dr./Clinic Name: _____

Vet Phone Number: _____ Fax: _____

We require the following vaccines for your pet to enter into the facility and/or participate in daycare or boarding

Please list dates due: Rabies: _____ FeLeuk: _____

FVRCP: _____ Last fecal exam date: _____

Is your cat on flea/tick prevention? Yes No Is your cat heartworm prevention? Yes No

Please list any known health problems (i.e. hip/joint problems) _____

Please list any medications, frequency and time administered: _____

Emergency Medical Release In case of emergency:

_____ Take my cat to our veterinarian only _____ Take my cat to the nearest vet or emergency clinic

In case of an emergency situation or injury, you will be contacted immediately. If we are unable to reach you or your emergency contact and if immediate medical attention is required, we will transport your cat to your veterinarian, unless otherwise instructed by you or your emergency contact. If the situation is severe, we will contact the closest animal hospital/clinic and transport your cat. There is no cost to you for transporting your cat. If the situation does not require immediate attention, you will be contacted and advised of the situation and we will follow your instructions.

I/We the owner(s) and pet parent(s) of _____ understand that there are inherent risks to bringing my/our cat to a feline hotel. In the event of serious injury and/or illness, I/we hereby give consent to the Paw Pad and its employees to act on my/our behalf, in the event we cannot be contacted, to authorize and/or refuse any necessary medical treatment while under the care of the aforementioned. I/we understand that I/we will be responsible for any and all costs incurred for such treatment.

Pet Parent Signature: _____ Date: _____

this document may not be altered in any manner. Any changes will be considered null and void without written consent from The Paw Pad general manager.

After-Hours Hotel Checkout: Because we know how much you missed your companion while you were away, after-hours pickup is available by APPOINTMENT ONLY for a fee of \$15.00. *Please note: after hours check out will also incur a charge for the extra half day of care provided.

Pre-payment is accepted, however all fees are due at check-out. Cash, check, Visa, MC and Discover are accepted. A \$30.00 fee will be applied for any returned check. Pre-paid packages are non-refundable.

Reservations & Cancellations: Reservations are required for hotel visits. Notification of a cancellation must be provided 2 days prior to reservation. Reservations not cancelled by the aforementioned time will be charged in \$25 per pet. Reservations during peak periods need 4 days cancellation notice or \$25 will be charged per pet. Holidays and peak periods include New Year's, Easter, Memorial Day weekend, Fourth of July week, Labor Day weekend, Thanksgiving, and Christmas.

Rules and Regulations

All pets must be spayed or neutered (unless they are under 6 months of age)

All cats must be at least 12 weeks of age and have their first two sets of vaccinations.

Vaccines and preventative: All pets must be up to date on vaccinations. All clients must submit written verification from their veterinarian that their pet(s) have current Rabies, Feline Leukemia and FVRCP vaccinations. All pets are also required to be on flea and heartworm preventative year round. Results of current fecal exam are necessary to verify that none of our feline clients have intestinal parasites that may spread to other cats. It is your responsibility to provide on-going verification of current vaccinations and preventative.

Health: All pets must be in good health. All clients will need to certify that their pet(s) are in good health and have been free from any condition that could potentially jeopardize other guests. Pets that have been ill with a communicable condition in the last 30 days will require written veterinary certification of health to be admitted or readmitted. If, at any time during our care, it becomes evident that your pet is ill, you'll be notified and expected to pick your pet up immediately. If, at any time during our care, it becomes evident your pet has fleas or ticks, treatment will be applied and charged to the pet parent at a minimum rate of \$30.00. Pets requiring special attention due to medical restrictions will be assessed by the hotel pack leader and charged an additional per day fee for any and all hotel stays (this includes medicines that need to be administered via injection).

Carriers and crates: Cats must enter and exit the Paw Pad in their crate or carrier for their safety.

Food: To provide your pets dietary needs, The Paw Pad would like you to bring your own food. This will prevent upset stomachs due to stress caused by change in environment and food, however food will be provided if necessary. It is preferred, but not required, that food brought to The Paw Pad be pre-measured into individual servings.

I certify that I have read the Rules and Regulations and understand, and agree and intend on my own behalf, and on behalf of my agents, representatives, relatives, successors, and assigns, to be bound by all the terms and conditions contained in the Rules and Regulations.

Pet Parent Signature: _____ Date: _____

Rules and Regulations are subject to change at any time without notice. This document may not be altered in any manner. Any changes will be considered null and void without written consent from the Paw Pad General Manager.

Client Agreement

PLEASE READ THE FOLLOWING AND INITIAL AFTER EACH NUMBER.

1. ___ I understand that The Paw Pad has relied on my information and will rely on the contents of this agreement, that my cat(s) is/are up-to-date on all required vaccinations, has not had any communicable condition in the last 30 days and has not harmed or demonstrated aggressive or threatening behavior towards any human being and/or another animal.
2. ___ I certify that my cat is spayed/neutered or under the age of 6 months.
3. Hotel check-out is before 11AM and hotel check-in is after 1PM. I understand there will be a half day charge (\$15 for standard suites, \$20 for luxury) for early check-in or late check-out for extra care provided.
4. ___ I understand that there will be a \$2 charge per administration of medications, not to exceed \$4 per day.
5. ___ I understand that I am 100% responsible for my own cat(s). The Paw Pad will not give out names and phone numbers of clients. I am 100% responsible for my own cat(s) physically, financially, in regards to health, injury or otherwise, even if it is not the fault of my own cat(s).
6. ___ Owners will be charged a replacement fee for any and all destroyed bedding and/or room destruction.
7. ___ I understand that I am responsible for any veterinary bills, or otherwise, incurred on my cat's behalf, whether or not it was something that happened at the Paw Pad or outside of the Paw Pad. I hold the Paw Pad and their customers and other customers' cats harmless and agree to reimburse the Paw Pad for and veterinary costs, or otherwise, for my cat(s).
8. ___ I hereby grant permission to The Paw Pad, its owners, employees, contractors, and/or agents to take any and all action necessary to secure the well-being and health of my cat(s), including and medical attention deemed necessary.
9. ___ I agree to indemnify The Paw Pad for any and all loss, liability, claims, expenses, demands, causes of action, suits, rights, and entitlements of any kind caused by my cat(s) during the course of an overnight stay, including without limitation, legal costs and attorney fees.
10. ___ I understand that if my cat is not picked up within 14 calendar days after they were due to depart, they will be deemed to be abandoned. The Paw Pad will try to find a new owner for 10 days.
11. ___ I agree to release and hold harmless The Paw Pad, its owners, employees, agents or otherwise from any and all loss, liability, claims, expenses, demands, causes of action, suits, rights, and entitlements of any kind, whether known or unknown, suspected or unsuspected, relating in any way to the services provided herein, including without limitation injury, death, sickness, or damage my cat(s) may suffer during or after participating in an overnight stay.
12. ___ I understand that on occasion my likeness or my cat's likeness may be captured on video or other media while staying at The Paw Pad. I hereby authorize The Paw Pad to use, broadcast, and/or reproduce our likeness in video, print, or other media. I agree I will not be compensated for any such use.
13. ___ This agreement shall govern all future services to be provided by The Paw Pad to me, as authorized by me, in person, by telephone, mail, email, or fax.

I certify that I have read and initialed each statement listed above and accept the terms and conditions of this agreement.

Pet Parent Signature

Date

Pet Parent Signature

Date

All statements must be initialed and the agreement signed for your dog(s) to have membership with The Paw Pad. This document may not be altered in any manner. Any charges will be considered null and void without written consent from The Paw Pad General Manager. **Revised 6/22/10**