

## PLEASE RETURN THIS PROFILE AND VACCINE RECORDS TO US 3 BUSINESS DAYS PRIOR TO MEET AND GREET.

# NOTICE WE REQUIRE BORDATELLA VACCINE EVERY 6 MONTHS, RABIES 1 OR 3 YEARS, DISTEMPER 1 OR 3 YEARS. FLEA TREATMENT IS ALSO REQIURED.

#### **GUEST PROFILE**

Owner, First Name	Last		Date	
Address				
Phone Number, Home				_
How did you hear about us?				
Emergency Contact		Phone		
Will your pet require transport	ration to the cottage?		Y N	
Will your pet require transportation home?			Y N	
PET INFORMATION				
Name	Birthday		Sex M F Altered? Y	N
Breed(s)	Color/Markings		Weight	_
When and where did you get y	our dog/cat? (shelter,breeder	-,etc.)		
If adopted, do you have knowl	edge of history? Please explain	n		
Other pets in home?		Y N	How many?	_
Name(s)				
Vet's Name		Phone		



What is current method of flea control?			Las	t Treatment		
Is your dog on heartworm medication?		Υ	N	Brand		
Has your dog been de-wormed in last 6 months	s by vet?	Υ	N			
Has your dog ever had kennel cough?		Υ	N			
Has your dog been ill in last 30 days?		Υ	N			
If yes, please explain						
Does your dog have any medical conditions?						
Has your dog had surgery in past year?		Υ	N			
If yes, explain						
Is your dog house broken?		Υ	N			
<u>ALLERGIES</u>						
Does your dog have any allergies?		Υ	N			
If yes, list and describe symptoms						
<u>DIET</u>						
Type and brand of food						
How much per feeding	How ofte	n				
At feeding times, how does your dog tend to ea	at?	Fas	t	Slow		
Circle your dog's eating habits.						
Eats all food at mealtime	Nibbles through	out	day			
Goes for periods without eating	Requires someth	hing	g tasty mixed	d in to eat		
Has your dog ever suffered from Canine Bloat?		Υ	N			
If your dog has an upset tummy, can we feed the	hem a bland diet t	o h	elp settle th	eir stomach?	Υ	N
Can we give your dog treats?		Υ	N			
Is your dog allowed to have a pet friendly birth	day treat if they a	re ۱	with us for th	neir birthday?	Υ	Ν
TEMPERMENT & HISTORY						
Has your dog ever attended daycare?		Υ	N			
If yes, describe the experience						



Has your dog ever been boarded?					
If yes, describe the experience					
How does your dog interact with cats? (circle all that apply)	Aggress	sive ,	/ Tolerate / Enjoys / Will protect		
How often does your dog spend time with other dogs?	Ne	ver	Occassionally Often		
How often does your dog go to a dog park?	Ne	ver	Occassionally Often		
Has your dog ever been injured at a dog park, daycare, or wh	hile play	ying	with other dogs? Y N		
Were they the aggressor?	Υ	N			
If yes to either, explain					
What situations may cause your dog to become unfriendly (o	circle al	l tha	at annly).		
Grabbing collar / Hugging / Removing from furniture / Touch					
	_				
Guarding food/toys / Nail trimming / Touching ears / paws /	mouth	/ ld	ii / around other dogs /		
Men / Women / Children / None					
	/ . :		all that a call A.		
Describe if your dog displays unfriendly behavior when stres					
Will bite / May bite / Growls / Snaps / Shows teeth /			Trembles / Moves away		
Has your dog ever bitten another dog?	Y	N			
If yes, explain					
If yes, did the bite puncture/tear the skin?	Y	N			
Has your dog ever bitten a person?	Υ	N			
If yes, explain					
If yes, did the bite puncture/tear the skin?	Υ	N			
Did your dog take a puppy or basic obedience class in its first	t 8 -12 v	wks?	? Y N		
Has your dog taken any other form of obedience training?			Y N		
If yes, where and time frame of training					
Does your dog eat or chew on its bedding?	Υ	N			
Does your dog eat or chew on wires, furniture, etc.?	Υ	N			



If yes, please list and explain?			
Outside Play			
Does your dog like to play with ball or stick?	Υ	N	
Will your dog chase small animals?	Υ	N	
Will your dog kill or pick up a dead animal?	Υ	N	
If yes, will your dog drop the animal on command?	Υ	N	
Will your dog come when called? (circle)	Always	Sometimes	Never
Has your dog ever been stung by a bee?	Υ	N How oft	ten?
If yes, was there an allergic reaction?	Υ	N	
If treatment is needed, do you authorize us to give necessar	ry treatment?	Y N	
Please explain any additional concerns for outside play.			



#### SERVICES AGREEMENT

This is an agreement between PAWS FOR THE GOOD LIFE, PET COTTAGE, doing busing	ness as "PAWS FOR THE GOOD LIFE" and
the Owner/Guardian whose name is	
And whose signature appears on Page 4 (hereinafter called "Owner")	
Following are the terms of service for the stay of the Owner's dog (Name)	(the "Dog") as a reservation or
daycare stay at PAWS FOR THE GOOD LIFE, PET COTTAGE	
By signing below, in consideration of the services rendered by PAWS FOR THE GOOD	LIFE to the Dog(s), Owner/Guardian
acknowledges reading, understanding, and accepting the statements herein.	

AGREEMENT TO PARTICIPATE AND LIABLILTIY WAIVER: Owner understands certain "activities" that the Dog may participate in, including daycare, grooming, boarding, one-on-one play, movement within and outside the facility involves risk and possible injury, including but not limited to: exposure to parasites, viruses, and other medical conditions passes from dog-to-dog or person-to-dog; sprains, strains, bites, broken bones; fatigue, dehydration, nicks, cuts, loss of Dog or death.

Owner further understands that not each and every potential risk can be listed above but, nonetheless agree that the benefits associated dog socialization outweigh the possible risks, therefore, Owner hereby voluntarily releases, forever discharges, and agrees to hold harmless and indemnify PAWS FOR THE GOOD LIFE and its agents, successors, heirs, from any and all liability, claims, demands, actions, or rights of action, which are related to, arise out of, or are in any way connected with the Dog's participation in activities at PAWS FOR THE GOOD LIFE, PET COTTAGE, including those allegedly attributable to the negligent acts or omissions of PAWS FOR THE GOOD LIFE or their staff.

Further, Owner understands that Owner may be exposed to certain risks when bringing the Dog to participate in activities at PAWS FOR THE GOOD LIFE, PET COTTAGE or when picking up the Dog from participating in activities at PAWS FOR THE GOOD LIFE, PET COTTAGE. Such risks may include property damage and/or physical injury inside or outside the facility, such as from falling, slipping, illness and/or dog bites. Therefore, Owner hereby voluntarily releases, forever discharges, and agree to hold harmless and indemnify PAWS FOR THE GOOD LIFE its agents, successors, heirs from any and all liability, claims, demands, actions, or right of action which are related to, arise out of, or are in any way connected with the Dog's participation in activities at PAWS FOR THE GOOD LIFE, PET COTTAGE including those allegedly attributable to the negligent acts or omissions of PAWS FOR THE GOOD LIFE, or their staff.

AUTHORIZATION OF MEDICAL CARE; If the Dog is ill or injured while participating in activities at PAWS FOR THE GOOD LIFE, PAWS FOR THE GOOD LIFE will make every reasonable effort to reach Owner pursuant to the contact information Owner has provided to PAWS FOR THE GOOD LIFE. However, if PAWS FOR THE GOOD LIFE is unable to reach Owner or Emergency Contact, Owner grants consent to PAWS FOR THE GOOD LIFE to see appropriate veterinary care and Owner accepts responsibility for any and all associated expenses. PAWS FOR THE GOOD LIFE will not pay any portion of veterinary expenses associated with seeking medical care for the Dog if so necessary. In the event of the Dog's death, the Owner or the Owner's emergency contact will be notified immediately.

CONTAGIOUS DISEASES & VACCINATIONS: Owner specifically represents to PAWS FOR THE GOOD LIFE that, to Owner's knowledge, the Dog has not been exposed to any contagious diseases within the 30 day period prior to check-in. Owner understands that each time the Dog is brought to PAWS FOR THE GOOD LIFE, PET COTTAGE, Owner is recertifying the Dog is in good health and has not had any communicable illness of any kind for 30 days prior to check-in. Owner also confirms the Dog meets PAWS FOR THE GOOD LIFE vaccination requirements during the Dog's stay.

ALLERGIES, SPECIAL DIETS, MEDICATIONS: Owner agrees to disclose to PAWS FOR THE GOOD LIFE any allergies the Dog may have. Owner further agrees to disclose to PAWS FOR THE GOOD LIFE any special dietary needs or medication the Dog may require if necessary, during activities at PAWS FOR THE GOOD LIFE, PET COTTAGE.



#### **SERVICES AGREEMENT CONTINUED**

PHOTOGRAPHS AND STATEMENTS:

Owner authorizes use of the Dog's visual Image(s) and statements in newsletters, website, posters, and other materials.

BEHAVIOR: Owner affirms that the Dog does not have a history of biting or harming people or other animals. Any isolated incidents have been reported on this form and discussed with PAWS FOR THE GOOD LIFE or their staff.

AGREEMENT TO PAY: PAWS FOR THE GOOD LIFE accepts checks, card, or cash. Owner agrees to pay for any additional services requested at PAWS FOR THE GOOD LIFE, PET COTTAGE. All services must be paid in full before the Dog will be released to Owner or proper payment arrangements are agreed upon by both parties (Owner and PAWS FOR THE GOOD LIFE). DAMAGE: Owner accepts the responsibility of paying for any damage to facility, property, and/or equipment caused by the Dog.

RIGHT TO DECLINE: Owner understands that PAWS FOR THE GOOD LIFE reserves the exclusive right to decline participation or to terminate participation in activities at PAWS FOR THE GOOD LIFE to any Dog at any time for any reason.

VALID DATES: These agreements, waivers, and authorizations will remain valid and in force as long as and whenever the Dog participates in any activity at or with PAWS FOR THE GOOD LIFE.

ACKNOWLEDGEMENT: This Agreement contains the entire agreement between the parties. All terms and conditions of this Agreement shall be binding on the heirs, administrators, personal representatives and assignees of the Owner and PAWS FOR THE GOOD LIFE.

CANCELLATION POLICY: For cancellations, please notify us of your cancellation 48-hours in advance.

Any controversy or claim arising out of relating to this Agreement, or the breach thereof, or as the result of any claim or controversy involving the alleged negligence by any party to this Agreement, shall be settled in accordance with the rules of the American Arbitrators Association, and judgment upon the award rendered by an arbitrator may be entered in any Court having jurisdiction thereof. The arbitrator shall, as part of the award, determine an award to the prevailing party of the costs of such arbitration and reasonable attorney's fees of the prevailing party. The arbitrator(s) shall apply Pennsylvania law to the merits of any dispute or claim, without reference to conflicts of law rules. The parties hereby consent to the personal jurisdiction of the state and federal courts located in Pennsylvania and agree that such courts shall have the sole and exclusive jurisdiction for any action or proceeding arising from or relating to this Agreement or relating to any arbitration in which the parties are participants. THE PARTIES HAVE READ AND UNDERSTAND THIS CLAUSE, WHICH DISCUSSES ARBITRATION. THE PARTIES UNDERSTAND THAT BY SIGNING THIS AGREEMENT THAT THEY WILL SUBMIT ANY CLAIMS ARISING OUT OF, RELATING TO, OR IN CONNECTION WITH THIS AGREEMENT OR THE INTERPRETATION, VALIDITY, CONSTRUCTION, PERFORMANCE, BREACH OR TERMINATION THEREOF, TO A BINDING ARBITRATION, AND THAT THIS ARBITRATION CLASUSE CONSTITURES A WAIVER OF THE PART'S RIGHT TO A JURY TRIAL AND RELATED TO THE RESOLUTION OF ALL DISPUTES RELATING TO ALL ASPECTS OF THE RELATIONSHIPS BETWEEN PARTIES.

<u></u>	
Signature	Date:
Name (please print)	
Dog(s) Name	
Emergency Contacts who can act on Owner's behalf for all purposes under the Agreer	ment:
Emergency Contact Name	Phone

#### **RULES**

Owner



#### **Overnight Reservations**

A room can only be guaranteed if your reservation is confirmed in advance. To confirm your reservation, we require:

Proof of your dog's current vaccinations from your vet and signed copies of the Paws for the Good Life Rules, Services Agreement, and current Guest Profile forms.

#### Vaccinations & Health Policy

We require a veterinarian certificate indicating proof of vaccination for Rabies, DHPP, and Bordetella. We require the Bordetella vaccination be administer every 6 months. If the Bordetella vaccine has never been given or if it has expired, a 7 day waiting period is required after the administration. For all other vaccinations, a 24 hour waiting period is required after the first administration of a vaccination or if it has expired.

#### Hours & Late Pick-up Policies

**Regular business hours:** Monday – Friday 7 a.m. – 3 p.m. & 7 p.m. – 9 p.m. Saturday and Sunday 8 a.m. – 12 p.m. & 4 p.m. – 8 p.m. (Hours are subject to change without notice.) **Hotel/Overnight Check-in and checkout policy:** Standard hotel check-in may occur any time during business hours on arrival day. **Daycare Late Policy:** For daycare pick-ups after 7 p.m., a late stay of \$5 will be charged to the owner.

#### Flea & Internal Parasite Control

All guest must have been treated with an effective form of flea control treatment. If external parasites are discovered upon check-in, guest will be treated with an effective form of flea control at Owner's expense. If internal parasites are discovered during a guest's stay, treatment and additional private room charges may apply at the Owner's expense.

#### Age/Sex

All guest staying at PAWS FOR THE GOOD LIFE, PET COTTAGE must be at least 4 months old. To join daycare, all guests must be spayed or neutered, unless under 6 months of age. Once they are over 6 months of age they must be spayed or neutered in order to socialize with the other guests in our daycare.

#### **Temperament Evaluation**

To ensure the safety of all other guests and employees, all guest must undergo a temperament evaluation before taking part in social activities at PAWS FOR THE GOOD LIFE.

#### Personal Belongings

As a full-service dog hotel, we provide the comforts of home including premium dog bedding and stainless bowls. That said, you are welcome to bring your pet's favorite blanket, toy or any item with a familiar scent – just clearly mark their items. Please limit to two items. PAWS FOR THE GOOD LIFE cannot guarantee their condition upon check-out.

#### Feeding/Medication

Owners are required to bring their own brand of dog food as most dogs are sensitive to sudden dietary changes. Please provide ample food for your dog's entire stay. Alternately, owners may purchase meals from the resort. A service fee will apply if PAWS FOR THE GOOD LIFE is required to purchase food from a different location on your behalf. If your dog requires medication, please make sure it is labeled and that dosage instructions are included.

#### Health

All guest must be in good health. PAWS FOR THE GOOD LIFE will not accept the following:

Guests that have a terminal illness, guest that require medical treatment beyond dispensing of oral and topical medications or insulin shots, or is otherwise beyond the scope of our experience. Examples include drains,

9570 Edinboro Road McKean, PA 16426 Phone (814)476-3003 Alternate Phone (814) 572-1041



bandage changes, suture removal, etc. Guests that are not capable of walking, urinating and eliminating without assistance, guests that have had or been exposed to a contagious, communicable disease and/or illness of any type during the thirty (30) days before scheduled check-in. PAWS FOR THE GOOD LIFE will require veterinarian documentation proving a clean health record after treatment and/or medication has been administered and completed. Pets displaying signs of issues including, but not limited to, incontinence, severe lack of mobility, or epilepsy will not be accepted as guests.

#### Rehavior

PAWS FOR THE GOOD LIFE does not allow dogs that have caused injury or shown aggression toward humans or other dogs.

We have a minimum stay requirement of (3) nights for peak holiday periods as referenced below: Three-night minimum stay: April 11-13 | July 3-6 | November 24 – 27 | December 23 – 26

ASSUMPTION OF RISK: OWNER ACKNOLWLEDGES AND IS AWARE THAT EMPLOYEES OF PAWS FOR THE GOOD LIFE ARE NOT VETERINARIANS AND DO NOT HAVE BACKGROUNDS IN ANIMAL MEDICINE AND ARE NOT EXPECTED TO DIAGNOSE OR DETECT ILLNESSES IN THE GUESTS THAT ARE STAYING AT PAWS FOR THE GOOD LIFE, PET COTTAGE. IN ADDITOION, OWNER ACKNOWLEDGES AND IS AWARE THAT VACCINES DO NOT PROTECT AGINST ALL COMMUNICABLE ILLNESSES THAT MAY AFFECT A GUEST. OWNER ACKNOWLEDGES AND AGREES THAT THEY ARE SSUMING (I) ALL RISK OF ILLNESS, DISEASE, HARM OR OTHERWISE TO THEIR DOG BY ALLOWING THEIR DOG STAY APWS FOR THE GOOD LIFE, PET COTTAGE AND (II) ALL RISK OF DAMAGES CAUSED BY THEIR DOG TO OTHER DOGS, TO ANY PAWS FOR THE GOOD LIFE EMPLOYEE, AGENT OR TO ANY PAWS FOR THE GOOD LIFE ASSET AND THAT PAWS FOR THE GOOD LIFESHALL HAVE NO LIABILITY FOR ANY HARM TO SUCH DOG.

I HAVE READ AND FULLY UNDERSTAND "PAWS FOR THE GOOD LIFE, PET COTTAGE RULES" AND AGREE TO ABIDE BY THEM:

<u>Owner</u>	
Signature	Date:
Name (please print)	_
Dog(s) Name	_