

**PLEASE NOTE WE ARE ON A WAITLIST FOR SET SCHEDULED DAYCARE AT THIS TIME AND BOARDING IS LIMITED,
WE ARE ACCEPTING NEW GROOMING AND TRAINING CLIENTS**

Requested Services <input type="checkbox"/> Daycare <input type="checkbox"/> Grooming <input type="checkbox"/> Training <input type="checkbox"/> Boarding Dates: _____		Office Use Only Entered: _____ Contacts: _____ Vaccines: _____ Scanned: _____ Entered by: _____
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Emergency Contact:				
First Name:				
Home Phone:			Cell Phone:	
Email:				
How did you hear about us?				
Would you like a log in to our system?				
Would you like a card on file? (Numbers will be blacked out)		Number:	EXP:	CVC:
Pet Information				
Name:				
Breed:			Sex:	Spayed/Neutered:
Birth Date:			Weight	
Description:				
Current Veterinarian				
Preferred ER VET				
Please note if none is listed Chewie's will choose the best suited for the Situation				

Medical History:	
What diet is your pet currently on?	Brand: Amount: Frequency: Favorite Treats:
Does your pet have any allergies? If so please explain.	
Is your pet on Heartworm and Flea and Tick prevention? Please list type.	
Does your pet have any medical problems? If so please explain.	
Is your pet on any medications? If so please list them and their frequency given.	
Does your pet have restrictions on Toys or Treats?	
Any other medical comments that we need to know?	

Behavior Information:	
How long have you owned your pet?	
If your pet is adopted, do you have knowledge of your pet's past history?	
Do you have other animals in the household, if so please list age and breed of each.	
In general does your pet get along with other animals?	
Does your pet have any type of aggression? i.e. food or other animals, If so please explain.	
Does your pet have any phobias? If so please explain. People? Animals? Noises? Dogs?	
How is your pet with strangers?	
Has your pet ever bitten or growled at person or another animal? If so please explain.	
How does your pet react to a person grabbing his or her toys or food? If so please explain.	
Does your pet have any areas that it does not like to be touched?	
What commands does your pet know? Does it have special command for the bathroom?	

Waiver and Release of Liability:

THIS AGREEMENT is entered into by and between Chewie's Playland, LLC (the "Daycare") and ("Owner"). Please initial each statement.

1) I, _____, hereby certify that I own the above pets listed and the information is correct to my knowledge. I have also acknowledged that I need to provide proof of vaccinations and fecal test from my veterinarian to Chewie's Playland when asked or my pet(s) may not be allowed to board or participate in doggie daycare. _____(Initial)

2) I also hereby certify that my pet(s): is/are in good health or if they currently have medical conditions they are being treated by a veterinarian and the veterinarian has cleared them for boarding or doggie daycare. I further certify that my pet(s) has/have not shown aggressive or threatening behavior towards any person or any other animals unless otherwise stated. I further certify that my pet has not bitten any person or any other animal, unless otherwise stated. _____(Initial)

3) I will continue to provide proof of updated Rabies, Distemper combo, and kennel cough vaccinations as well as yearly negative fecal results when they have expired on my pet(s). I understand that I will need update my pet(s) health history once a year and I understand that if any health related concerns arise I will notify Chewie's Playland. _____(Initial)

4) I understand that my pet(s) will be isolated and suspended from day care if he/she shows signs of illness such as coughing, sneezing, vomiting or diarrhea and will not be allowed to attend day care until they have been well for 3t 7 days depending on the case or I provide proof from a veterinarian that they can participate in boarding or day care again. _____(Initial)

5) Chewie's takes serious measures to make sure we minimize all risks of communicable diseases that I understand that by participating in boarding or daycare that my pet(s) is more at risk for upper respiratory viruses, GI viruses or interstitial parasites. I do not hold Chewie's responsible if my pet(s) becomes ill. _____(Initial)

6) I understand that my dog(s) will be isolated or suspended from day care if he/she shows any aggressive or threatening behavior towards any person or any other dog. I also understand that my dog may be suspended from doggie day care for any poor behavior that includes, aggression, destructive behavior, continual barking etc. They may resume doggie day care once this behavior is corrected. (We are also willing to help the owners with this behavior). _____(Initial)

7) I understand and agree that during normal dog play, dogs may sustain injuries and I am responsible if treatment is needed. All dog play is monitored by staff to avoid injury, but scratches, punctures, torn ligaments, and other injuries may occur despite the best supervision. _____(Initial)

8) I further understand and agree that any behavioral or physical health problems that develop with the pets while at Chewie's will be handled and treated as deemed best by the employees, staff and volunteers of Chewie's, in their sole discretion, and I expressly agree to assume full financial responsibility for any and all expenses arising or relating thereto. This includes aggressive or destructive behavior. _____(Initial)

9) I understand that Chewie's takes extra precautions by using a martingale non slip collar when walking the dogs or letting them play in the outside fenced in area. I agree to assume full liability if my dog(s) escapes and will not hold Chewie's Liable. I understand if I sign my dog up for fieldtrips that the fieldtrips are partially off leash, by signing my dog up I am stating they are off leash trained and do not hold Chewie's responsible if my pet escapes _____(Initial)

10) I understand and agree that it is my responsibility to leave an adequate supply of food and medications for my pet(s) during their stay at Chewie's. Should the food/medication supply need replacement, I authorize Chewie's to purchase replacement and will reimburse Chewie's for cost of the food and medication plus a \$25.00 replacement fee (per occurrence) plus the actual food and medication costs. Should a dog be observed to have fleas or ticks while attending daycare, a treatment will be applied and charged to the owner at a minimum rate of \$20.00.

_____ (Initial)

11) Our caring and trained staff is happy to provide care for extremely old, chronically ill or otherwise debilitated pets requires extra care, which However, special needs pets, puppies and senior pets naturally have a higher risk of injury, stress related illness, or exacerbation of any pre-existing condition. As such, by having your special needs pet, puppy or senior pet with us you are waiving any claim for injury or illness experienced by your pet while in our care and that is not directly caused by the negligence or lack of care on the part of our staff.

_____ (Initial)

12) I also understand that in case of an emergency and I am unable to be reached, If any behavioral or physical health problems that develop while my pet is at Chewie's will be handled and treated as deemed best by the Chewie's staff. We will do what is in the best interest of th pet(s) to stabilize them or medically treat with in reason. I am aware that I will be fully responsible of all charges that will be occurred. _____ (Initial)

13) I understand and agree that if my pet(s) is/are not picked up by the end of the Chewie's regular business day, then I hereby expressly authorizes Chewie's to take my pets in to after hours care and promises to pay Chewie's all costs of continuing such care. Further, I understand that if I do not pick up my dog(s) as scheduled, Chewie's will be authorized to proceed according to the local municipal code governing abandonment of animals.

_____ (Initial)

14) I understand that pre-paid packages are nonrefundable and expire 12 months from the date of purchase. Fees are due and payable at the end of each day. Payment may be made by cash, credit card or approved checked. Discounted packages are provided only if they are paid for in advance. Our program is flexible enough to accommodate reasonable special needs requests. _____ (Initial)

15) I understand that when booking a boarding that there is a cancellation fee if not canceled within Chewie's policy. I also understand that if I do not give 24 hours notice when canceling daycare a fee or pass maybe used.

_____ (Initial)

16) I agree to allow pictures of my pets to be used on social media platforms, Chewie's Website and be sent by email or text message for updates. I understand that all photos taken of by pets by Chewie's Playland are owned by Chewie's Playland.

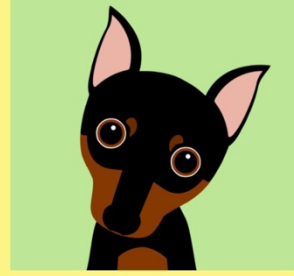
I further understand and expressly agree that each and every of the foregoing provisions contained in Paragraphs 1-16 above shall be in force and effect and shall apply to each and every occasion in which, I leave my pet(s) in Chewie's care. This Agreement shall remain in full force and effect as between the parties until and unless otherwise cancelled or superseded by writing signed by the parties. _____ (Initial)

Date _____

Owner

Chewie's Playland
472 Amherst St. / 217 West Hollis Street
Phone: 603-921-0525 Fax: 603-718-3276
info@chewiesplayland.com

**Daycare
Grooming
Boarding
Boutique**



**Obedience
Training**

TRAINING

**Fitness/Wellness
Group Classes**

Kids Camp Waiver:

Camper Information			
First Name:		Last Name	
Preferred Pronouns		Campers Age	
Phone		Text Enabled?	Yes NO
Email:			
T-Shirt Size:	Youth Adult	Size	XS S M L XL
Any known Allergies or Medical Conditions?			
Parent/Guardian Information			
1 st First Name:		Last Name	
Preferred Pronouns		Phone:	
2 nd First Name		Last Name	
Preferred Pronouns		Phone	
Emergency Contact		Phone	
Medical Information			
Physician Name:		Phone	
Insurance Company		Policy/Group	

Campers Dog Registered in Chewie's System: _____

Waiver/Release:

Photo Release: We love to post pictures of the kids and their pups during camp, I hereby irrevocably grant Beyond Sit, LLC and Chewie's Playland LLC permission to use the participant's likeness in a photograph, video, or other digital media in any and all of its publications, including web-based publications, without payment or other consideration.

Medical Release: In the case that I or other emergency contacts are unable to be reached, I hereby agree to allow Katrin Moffroid, Bonnie Sommers or other agents acting on behalf of Beyond Sit, LLC or Chewie's Playland, to seek medical attention for the camper and, in conjunction with medical personnel, to make medical decisions on my behalf, in my absence, while my child is participating in Beyond Sit, LLC/Chewie's Playland activities. I understand and agree that I am solely responsible for all costs related to such medical treatment. *

Veterinary Release: In the case that I or other emergency contacts are unable to be reached, I hereby agree to allow Katrin Moffroid, Bonnie Sommers or other agents acting on behalf of Beyond Sit, LLC or Chewie's Playland, to seek veterinary attention for my dog and, to make medical decisions on my behalf, in my absence, while my dog is participating in Beyond Sit, LLC /Chewie's Playland activities. I understand and agree that I am solely responsible for all costs related to such veterinary treatment. *

Liability Waiver: I hereby release and agree to save and hold harmless, Beyond Sit, LLC, Katrin Moffroid, and Chewie's Playland, Bonnie Sommers or any affiliates or property owners from any and all liability, claims, suits, actions, loss, injury or damage of any nature or kind, or for any liability, claims, suits, actions, loss, injury or damage which I or my dog(s) may sustain or which may be caused in any way by my dog(s). I understand that I am solely financially responsible for any damage or harm caused by my dog while at camp. *

Date: _____

Name Printed: _____