

CONTACT INFORMATION

**Please turn over and complete the back side, also.*

Name(s) _____

Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-Mail Address _____

Credit Card Number: _____ Expiration: _____ Security Code: _____

I authorize Hounds Town USA to charge my credit card for payment of services provided.

Signature: _____

Where did you hear about us? We like to reward our referrals !!!

Internet Search Referral from a Customer _____ Direct Mail TV

Newspaper Ad Radio Commercial Training Other _____

Are you interested in: Daycare Boarding (Dates: _____) Training

EMERGENCY CONTACT INFORMATION (SOMEONE OTHER THAN YOURSELF)

Name _____ Phone _____

Vet's Office _____ Phone _____

DOG'S PROFILE

Dog's Name _____ Sex: _____ Spayed or Neutered

Breed _____ Birth Date _____ Weight _____ Color _____

Does your dog have any allergies? _____

Does your dog have any health problems that require special attention? _____

Does your dog take any medication? _____ If so, what for? _____ How often _____

Has your dog taken obedience classes? _____ Would you be interested in any? _____

How does your dog react to strangers? _____

Is your dog frightened by noises? Fireworks Vacuum Thunder Other _____

Has your dog ever jumped or climbed over a fence? _____ How high? _____

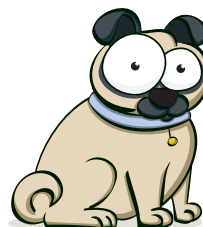
Does your dog have problems in any of the following areas?

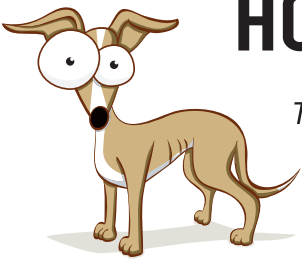
Jumping Excessive Barking Eating Foreign Objects Leash Aggression Biting

Food/Toy Aggression Separation Anxiety Being Crated Growling

Energy Level

1 2 3 4 5 6 7 8 9 10





HOUNDS TOWN USA • LIABILITY AGREEMENT

This agreement shall be in force from the date signed and for all visits thereafter to Hounds Town USA.

I, _____, hereby certify that my dog(s) _____

is/are in good health and have not been ill with any communicable diseases in the last 30 days, and that my dog(s) has/have current vaccinations for rabies, distemper, parvo virus, para influenza and bordetella. Dogs arriving with fleas and/or ticks may be treated with tick/flea preventative at HOUNDS TOWN USA's discretion, at my expense. I further certify that my dog(s) has/have not harmed or shown aggressive or intimidating behavior towards any person or any other dog except as disclosed under part 6(a) and (b) of this agreement. I give authorization to HOUNDS TOWN USA to speak with my veterinarian and/or their staff to confirm my dog(s) vaccination status, date of surgical alteration and medical history.

I have read and understand the following:

- HOUNDS TOWN USA is an open play environment and because dogs' pack instincts can at time be unpredictable, there are inherent risks, which even when closely monitored, may result in the following: 1) transfer of communicable illness such as, but not limited to, Bordetella virus ("kennel cough") and 2) injuries such as, but not limited to, broken nails, sore pads, abrasions, lacerations, punctures and/or cuts etc.
- HOUNDS TOWN USA and their staff shall not be liable for any injury or damage to any person or persons, animals or to any property, however caused, which results from the training, behavior, care or grooming of my pet as from any negligence on the part of any other pet owner attending HOUNDS TOWN USA. I further agree that HOUNDS TOWN USA shall not be liable for any costs, attorney's fees or expenses incurred in connection with claim, action or proceeding occurring as a result of my pet's participation at HOUNDS TOWN USA.
- HOUNDS TOWN USA reserves the right to administer aid and/or use any available veterinarian for my pet if the need arise, whether or not HOUNDS TOWN USA can reach me or my emergency contact. I assume full financial responsibility for any and all veterinary expenses incurred, in addition to other fees incurred for services provided at or by HOUNDS TOWN USA.
- I agree to pay the rate for services in effect on the date my dog(s) attend(s) HOUNDS TOWN USA. Prices are subject to change at any time. No dog will be released until all charges are paid in full. I understand the deposit and non-refundable fee policies.
- I am solely responsible for any harm and/or damage caused by my dog(s) to persons, property or to other pets, while my dog(s) is/are attending HOUNDS TOWN USA. HOUNDS TOWN USA reserves the right to refuse service or admittance to any dog. Costs for repairs to property will be my sole responsibility.
- (a) I agree that I have given full disclosure of any history of aggressive behavior by my dog, and understand that failure to do so will result in my dismissal from HOUNDS TOWN USA and no refund shall be given. (b) My dog's behavior now and in the future is solely my responsibility. Should any behavior on the dog's part now or in the future result in damage to the property, owners, or person of a third party, I agree to assume full liability for any and all such damage, and to absolve HOUNDS TOWN USA from any and all obligation to pay such damage.
- I understand that the hours of operation are 6am to 8pm Monday through Friday, 8am to 5pm Saturdays and 11am to 1pm Sundays. Dogs not picked up by closing will be subject to an additional boarding charge and will be released the next business day unless arrangements with HOUNDS TOWN USA are made to the contrary.
- Should I or my pre-approved agent fail to contact HOUNDS TOWN USA within 48 hours of the arranged pick up time, my pet may be considered to be abandoned. Any expenses incurred for the transport, overnight care, and/or placement or adoption of said pet shall be paid by me, in addition to other fees incurred for services provided by, at, or through HOUNDS TOWN USA. I hereby grant a lien on said pet for any and all unpaid charges resulting from services provided by, at, or through HOUNDS TOWN USA.
- I agree that my pet(s) may be videotaped, photographed and/or recorded. HOUNDS TOWN USA shall retain the exclusive rights to the results and all proceeds of such tapings, photographs, and recordings with the rights throughout the world, an unlimited number of times in perpetuity, to copyright, to use and to license to others in any manner.

I certify that I have read, understand and agree to the policies, conditions and statements of this agreement:

Signature of Owner _____ Employee Signature _____

Print Name _____ Date _____