

Grand View Canine Care
Information, Care and Consent Form

Pet Owner #1 Name: _____ Email Address: _____

Pet Owner #2 Name: _____ Email Address: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Pet Owner #1 Home Phone: _____ #1 Work Phone: _____ #1 Cell: _____

Pet Owner #2 Home Phone: _____ #2 Work Phone: _____ #2 Cell: _____

Pet #1 Name: _____ #1 Date of Birth: _____ #1 Breed: _____

Pet #2 Name: _____ #2 Date of Birth: _____ #2 Breed: _____

Pet #3 Name: _____ #3 Date of Birth: _____ #3 Breed: _____

Is your Pet neutered/spayed?

Pet #1: Yes No

Pet #2 Yes No

Pet# 3 Yes No

List any allergies or other health issues of your Pet(s):

Pet #1: _____

Pet #2: _____

Pet #3: _____

List all medications and dosage, including flea, tick and heart worm medications:

Pet #1: _____

Pet #2: _____

Pet #2: _____

Do Your Pet(s) jump or climb fences?

Pet #1: Yes No

Pet #2 Yes No

Pet# 3 Yes No

Services Utilized: Day Care Boarding Grooming

Special instructions/other important information about your Pet(s):

Pet #1: _____

Pet #2: _____

Pet #3: _____

EMERGENCY CONTACTS – PET OWNERS WILL ALWAYS BE THE FIRST CONTACT; THIS EMERGENCY CONTACT PERSON WILL BE CONTACTED IF WE CANNOT REACH AN OWNER WHILE YOUR PET(S) ARE IN OUR CARE:

Name #1: _____ Email Address: _____

Phone (Home): _____ Cell: _____ Work: _____

Name #2: _____ Email Address: _____

Your Pet’s Veterinarian/Clinic Contact Information:

DVM Name: _____ Clinic: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ Emergency After Hours Phone Number: _____

Email Address: _____ Website URL: _____

**GRAND VIEW CANINE CARE
POLICIES**

Please Read and Initial!

_____ As the Pet Owner of the above referenced Pet(s), by signing where indicated below, you authorize and direct that Grand View Canine Care feed, exercise, bathe, groom and/or provide routine care for your Pet(s), as applicable, while in its care.

_____ All Pet(s) must complete a temperament evaluation prior to acceptance for services. Grand View Canine Care reserves the right to refuse to provide services to any Pet(s) that it determines not to accept as a client for any reason, including but limited to a determination that any of your Pet(s) may pose a safety hazard to itself, or another Pet in our care, or to a staff member, or any other person. This may include, but is not limited to, Pet(s) who are aggressive, anti-social, toy or people possessive, anxious or physically ill. Special arrangements may be made with Grand View Canine Care, in advance and in its sole discretion, for care of Pet(s) with special needs at an increased fee, including boarding at our home.

_____ All Pet(s) must be spayed or neutered to attend day care or boarding with Grand View Canine Care and must be at least six (6) months of age. However, these conditions may be waived in our sole discretion on a case by case basis.

_____ All Pet(s) must have current vaccinations against Rabies and DHPP. Please note that a Bordetella vaccination is not a guarantee that your Pet(s) will not contract Bordetella. Your Pet(s) will not be accepted for any services absent current, up-to-date proof of the required vaccinations in the form of a veterinarian certificate.

_____ All Pet(s) are required to have current, up-to-date flea, tick and heart worm protection.

_____ All Pet(s) must be on a leash when entering and exiting our facility. All Pet(s) must also have a quick release collar or harness for safety reasons. No buckle collars are permitted.

_____ You may bring your Pet(s)' beds and/or toys from home for use by your Pet(s). You must bring sufficient food and treats for your Pet(s)' stay, including day care, if you wish us to feed your Pet(s) the food that you feed your Pet(s) while in our care. If the food and treats that you feed your Pet(s) at home are not provided in sufficient quantities for your Pet(s)' stay, we will feed your Pet(s) the food and treats we use at an additional charge.

_____ Payment in full for all services rendered to, or on behalf of your Pet(s) by Grand View Canine Care must be made at the time of service, at drop off. Other payment arrangements may be made with the prior consent of the Owners of Grand View Canine Care. Acceptable forms of payment are cash and personal checks. We do not accept credit cards or debit cards at this time.

_____ In the event that your Pet(s) require emergency medical care while in our care, we will contact you and your designated emergency contact if we cannot reach you, as set forth in more detail above and in the Hold Harmless, Consent and Release Agreement below.

_____ Grand View Canine Care will not under any circumstances advance payment or otherwise be responsible for payment whatsoever for any emergency veterinary services provided to your Pet(s) while in our care as set forth more detail in the Hold Harmless, Consent and Release Agreement below. As the Pet Owner, you understand that you are fully and solely responsible for direct payment to the treating emergency veterinarian and/or clinic for all such emergency veterinary services provided to your Pet(s) in accordance with such veterinarian's, and/or his or her clinic's, standard billing policies and procedures.

_____ Grand View Canine Care's fees for service are set forth in the Fee Schedule attached as Exhibit A. We reserve the right to change our fees for service at any time and will provide you with notice of any such change prior to its effective date.

_____ Additional fees will apply if you do not provide us with at least twenty-four hours prior notice of any change in any predetermined pick up time, as we reserve space for your Pet(s) and may need to turn away other clients and their Pet(s) based on your reservation. We kindly request that you provide us with as much notice as possible of any such schedule change. Late fees will be assessed for late pick up as set forth in our Fee Schedule attached as Exhibit A. If your Pet(s) are not picked up by _____ P.M., your Pet(s) shall stay overnight at additional charge.

CONSENT, HOLD HARMLESS AND RELEASE AGREEMENT

Grand View Canine Care, its owners, employees, agents and representatives are hereafter referred to as "Grand View Canine Care."

By signing this form, the Pet Owner(s), your emergency contact(s) and/or representatives shall be referred to as the "Pet Owner", "you" or "your" as context requires.

The Pet Owner hereby gives consent for emergency medical care for your above reference Pet(s) as may be required while in the care of Grand View Canine Care as prescribed by a duly licensed veterinarian.

The Pet Owner understands and agrees that in the event of an emergency, veterinary care will be provided to your Pet(s) by a licensed veterinarian chosen by Grand View Canine Care, and you hereby consent to treatment of your Pet(s) by any such licensed veterinarian and/or his or her veterinary clinic.

The Pet Owner understands and agrees that in the event that your Pet(s) require emergency medical care due to illness or injury, Grand View Canine Care shall contact The Pet Owner by phone, and if you are unavailable, Grand View Canine Care shall leave a voice mail message if possible, and then contact your designated Emergency Contact set forth above by phone, and if he or she is unavailable, Grand View Canine Care shall leave a voice mail message if possible, to notify you of your Pet(s)' need for emergency medical treatment, and the name of and contact information for the licensed veterinarian providing emergency medical treatment for your Pet(s).

The Pet Owner hereby expressly authorizes and directs any such licensed veterinarian and/or veterinary clinic providing emergency medical care to your Pet(s) at the request of Grand View Canine Care to communicate with you and with Grand View Canine Care, at any time, now and in the future, regarding such emergency medical treatment and care provided by such licensed veterinarian at Grand View Canine Care's request, including but not limited to all medical information and any information regarding any diagnosis, prognosis,

tests, test results and/or treatment protocols performed and/or recommended, whether or not authorized by you as Pet Owner and/or actually performed by such licensed veterinarian.

In the unfortunate event of your Pet(s) death while in the care of Grand View Canine Care, or in the care of any licensed veterinarian and/or veterinary clinic providing emergency medical care for your Pet(s), as Pet Owner, you hereby authorize such licensed veterinarian and/or clinic to perform a necropsy, at your sole cost and expense, to determine the cause of death, and to communicate the results to you as Pet Owner as well as to Grand View Canine Care. Grand View Canine Care makes no warranties, express or implied, that your Pet(s) will not contract any illness, suffer any injury, expire and/or require medical treatment while in its care, and hereby expressly disclaims any and all such warranties, express or implied.

You understand and agree that as a condition of Grand View Canine Care's acceptance of your Pet(s) for care and/or for services, as Pet Owner, you hereby consent to communication between: (x) any such veterinarian, and his or her veterinary clinic and/or staff providing emergency medical care to your Pet(s), and (y) Grand View Canine Care, regarding any such injury, illness or medical condition suffered by your Pet(s) (including death), that such consent is irrevocable, and that as Pet Owner, you may not, now or in the future, withdraw any such consent to any such communications regarding any such injury, illness and/or medical condition suffered by your Pet(s), including death, between the treating veterinarian(s) and or their clinic with Grand View Canine Care.

You further understand and agree that as the Pet Owner, you shall be solely responsible for any and all veterinarian fees, and/or other veterinary clinic costs and expenses incurred for all such emergency veterinary care provided to your Pet(s), including but not limited to the costs for blood tests, toxicology and other screening and/or diagnostic tests, x-rays and/or imaging, and/or surgery.

Likewise, in the absence of gross negligence by Grand View Canine Care, as Pet Owner, you understand and agree that under no circumstances shall Grand View Canine Care be held liable for any illness or injuries suffered by your Pet(s), including death, or for the cost of, or payment of, any emergency veterinarian and/or veterinary clinic fees, costs and/or expenses incurred to treat illness or injuries while in the care of Grand View Canine Care, regardless of your Pet(s)' diagnosis, prognosis, and/or recovery.

You understand and agree as Pet Owner that your Pet(s) will be outside, weather permitting, from time to time on a daily basis.

As Pet Owner, you hereby declare that your Pet(s) have never bitten, injured or killed another animal or person and in the event that your Pet(s) cause harm to any Person or animal while in the care of Grand View Canine Care, you understand and agree that you shall be solely responsible for payment of all costs and expenses for medical care as well as for all other costs, expenses, losses and/or damages incurred arising from any such incident, and you hereby release and agree to indemnify and hold Grand View Canine Care harmless with respect to any and all such costs, expenses, losses and/or damages.

As Pet Owner, to the best of your knowledge, you hereby declare that your Pet(s) have not been exposed to any communicable diseases within the last thirty (30) days and that your Pet(s) have each been fully vaccinated, and have had the required flea, tick and heart worm medications when placed in the care of Grand View Canine Care, in accordance with Grand View Canine Care's policies.

By signing this form, as Pet Owner, you acknowledge your understanding and acceptance of its terms and conditions.

Dated: _____

Name: _____

Signature: _____

Attachments: Exhibit A – Fee Schedule

**EXHIBIT A
FEE SCHEDULE**

(See Attachment)