THE UNDERSIGNED hereby acknowledges and agrees that the provision of dog boarding and/or daycare services by 101205635 Saskatchewan Ltd. (the "Operator"), is conditional upon the following terms and conditions:

- 1. I understand that I am obliged, at any time that I present my dog for boarding and/or daycare services, to advise the Operator in the event that:
 - (a) My dog has been ill with any communicable condition within the last 30 days;
 - (b) My dog, at any time since the completion of the attached questionnaire, has harmed or exhibited aggressive or threatening behaviour toward any person, any other dog, or any other domesticated animal;
 - (c) Any of the information on the attached questionnaire should no longer be accurate, I will provide completely updated information.
- 2. I certify as at the date of signing this agreement that my dog is up-to-date on all vaccines, including rabies, and all other vaccines required by law or generally considered advisable. I agree to provide the operator with proof of vaccinations from my veterinarian I agree that the delivery of my dog to the Operator at any time shall constitute a representation by me that my dog continues to be up-to-date. I understand that while my pet may be fully vaccinated not all vaccines are guaranteed and my dog may still have a small chance of contracting a contagious virus. If that event was to occur I will be responsible for any and all expenses pertaining to the virus.
- 3. I authorize the operator to contact my veterinarian in order to confirm the health and/or temperament of my dog, and to obtain any other information which may assist in ensuring the safety of my dog and any other dogs in the operators care.
- 4. I agree that in the event that my dog should be injured or become ill, and in the event that the Operator is unable to contact me for whatever reason, the Operator is authorized to obtain veterinary and/or surgical treatment for in the event that the Operator, in its sole discretion, considers it advisable for the safety and comfort of my dog. I hereby agree to immediately reimburse the Operator for all such fees and other costs.

5. I understand:

- (a) That my dog will be supervised at all times during daily activities but incidents of injuries may still occur such as cuts, scratches, sprains, bruises, sore paws etc
- (b) That as with other dogs, my dog may act out of character and may cause damage to other dogs, to people and to the property and premises of the Operator.
- (c) That in the scenario of my dog acting uncharacteristically and injuring another dog or staff member we reserve the right to ban such dog from our daycare and boarding facility. If it is applicable, we will recommend such dog to our acreage location.

Initials of Owner	

And I accordingly:

- (a) Hereby release the Operator, together with its employees, volunteers, agents, officers, and directors from any and all liability for the loss of or damage arising from the time my dog is in the custody of the operator; and
- (b) I agree that I am solely responsible for any harm caused by my dog during the time my dog is in the custody of the Operator. I agree that I am solely responsible for any medical expenses that may be incurred during any vet visits deemed necessary by staff.
- 6. I have read the schedule of fees and services, and agree to pay all fees and costs of service, together with applicable taxes prior to the release of my dog to my custody by the Operator. Where I have provided a credit card number to the Operator, I hereby authorize the Operator to charge any card for all outstanding invoices. I acknowledge that such fees and costs may change from time to time and that I shall pay all the sums set forth on the current schedule.
- 7. I agree that my dog will be picked up only by me, or by such other person as I may authorize in advance with the Operator prior to the close of business for the day. If I arrange for pickup after the scheduled closing time, I agree to pay all additional fees and costs.

Abandoned dog protocol

In the event that my dog is not picked up in accordance with my original arrangement, I agree that fees and costs will continue to accrue until pickup. If I do not pick up the dog within 14 days of the agreed date for pickup, I agree that my dog shall be considered to be abandoned to the Operator. I understand that after abandonment, the Operator shall first try for a period of not more than 10 days to find a new home for my dog, after which the Operator shall be entitled to place my dog into the custody of the Saskatoon SPCA.

Initial I agree that this agreement need not be signed by or on behalf of the Operator, but that the acceptance of my dog by the Operator shall constitute its acceptance of the terms and conditions hereof. This shall be a continuing agreement and shall govern the provision of daycare and/or boarding services by the Operator until superseded by a new agreement.
I have read and understood the foregoing and my initials above and signature below constitute certification of the representations I have made above, and agreement to the terms and conditions set forth in this agreement. This agreement shall hereby warrant that I am an owner of the dog referenced in the attached questionnaire, and in the event that there is any other owner(s), that I am authorized to sign this agreement as their agent and for the purposes of binding them to the terms and conditions set forth herein.
I further agree that this agreement shall govern
Name: Date:
Signature:
Witness Signature:(STAFF WITNESS)

General	Inforn	nation:

Owner's Name:	Email <u>:</u>	
Address: Postal Code:		
City/Town:	Provinc	e:
Phone Number(s): Home	:Work:_	Cell:
Emergency Contact (other	r than yourself):	Phone#:
Persons authorized to pic		•
	Phone#:	
Name: Phone#: Phone#: Phone#:		
Name:	Pnone#:	
How did you hear about u	us? Did anybody refer yo	ou to us?
Pet's Information:		
Pet's Name:	Breed:	Color:
Gender: Female:]	Male: Spayed	Neutered: Y/N
Age/DOB:		
How Long Have You Ow	ned The Dog?	Was your dog a rescue? Y/N
Veterinarian / Clinic:	V	et's Phone#:
Medications and/or spec What is the medication for	or?	
Medication:	AMAfterno	On_PM
Medication:		
Special Instructions/Need	IS	
Feeding:		
Does your dog have any a	allergies?	
No () Yes () If yes, Ple		
What is the brand name of		
Is your dog free fed?	, , , , , , , , , , , , , , , , , , , ,	
No () Yes ()		
How much do you feed p	er meal (Measured cups):
How many meals a day d	o you feed?	
In the event that your dog	stays overnight and the	ey run out of food can they eat our house
food (Pulsar Fish)?		
Yes () No () If no, wha	it should we do?	
Does your dog require wa	ater in his/her kennel ov	ernight?
No () Yes ()		
If yes, would you like us	to continue providing or	vernight water if they consistently spill/dump it?
No () Yes ()		
Comments:		

Behavior (Please circle any that apply) Dominant / Submissive / Fearful / Timid / Aggressive / Playful Comments:
Is there any place on your dog they don't like to be touched? No () Yes () If yes, Explain:
Has your dog been known to eat or destroy blankets or toys? Yes () No ()
Do you authorize Playful Paws Pet Center to: Socialize your dog with other dogs? Yes () No () Give your dog blankets or toys? Yes () No () Bathe your dog? Yes () No () Discipline your dog if necessary ie) muzzle and/or place in X-pen for a time out Yes () No () Take photo's and video's of your dog during their stay with us and post them on our Facebook? Yes () No ()
Please Read and sign below: I certify that I am the pet owner and that Playful Paws Pet Center is authorized to board the above-mentioned pet I also certify the information provided in this document is accurate
Signature of Owner:
Questionnaire reviewed and accepted by: (STAFF SIGNATURE)