



DOG DAYCARE APPLICATION FORM

All dogs must have current vaccinations on the day of the evaluation. All records must show expiration dates for DHP, Bordetella, and Rabies. All Females must be spayed at 6 months of age.

Personal Info	
Name (Please include spouse if applicable)	Contact # and Name of Contact: Contact # and Name of Contact:
Address (No PO Boxes)	
City	State Zip Code
Email Address	
How did you hear about Happy Trails Pet Center?	
Emergency Contact Info	
Name	Phone#
Relationship to you	May this person pick up in your absence? Y N
Veterinarian	
Name	Phone ()
Address	

City	State	Zip Code
Pet Information		
Vaccinations Expire (Must be current or will not be allowed to stay.)		
Rabies_____	DHP_____	Bordetella_____
Heartworm medication Y N	Flea/Tick Prevention Program Y N	
Basic Information		
Name of Pet:	Sex: M or F	Spayed or Neutered
Age:	Birthday:	Breed: Color:
Name of Pet:	Sex: M or F	Spayed or Neutered
Age:	Birthday:	Breed: Color:
Is your dog allowed to have treats?		
Where did you get your dog/ dogs?		
How long have you had your dog/dogs?		
If you have not had your dog/dogs from puppy hood, what do you know about your dog/dogs prior history?		
Are there any other animals in your household? If so, what type of other animal has your dog/dogs had experience with?		
Please describe your dog/dogs overall temperament?		
How does your dog/dogs react to other dogs? (Generally)		
Have your dog/dogs participated in play at a dog park? Yes or No If yes, how did your dog/dogs react to the other dogs?		

How does your dog/dogs react to strangers?		
Have your dog/dogs ever bitten someone? Yes or No If yes, describe:		
Do your dog/dogs have any kinds issues with people that cause your dog/dogs to become fearful? Yes or No If yes, describe:		
Have your dog/dogs ever be in a dog fight or bitten another dog? Yes or No If yes, describe:		
Have your dog/dogs ever escaped or attempted to escape by digging, jumping or climbing fences? Yes or No If yes, describe:		
Do you walk your dog/dogs?	How often?	Distance?
What other types exercise does your dog/dogs receive?		
Do your dog/dogs have any behavioral problems? Yes or No If yes, explain:		
Do your dog/dogs have any circumstances or situations that cause anxiety? Yes or No If so, describe:		
How do you comfort your dog/dogs during these situations or circumstances?		
Is your dog/dogs crate trained? Yes or No		
Do your dog/dogs play with toys? Yes or No If so, what kind of toys are preferred?		

<p>Is your dog toy possessive? Yes or No If yes, describe:</p>	
<p>Have your dog/dogs received any dog training? Yes or No If yes, where and when?</p>	
<p>Do your dog/ dogs have any health concerns we need to know about? Yes or No If yes, describe:</p>	
<p>Do your dog/dogs have any medical restrictions on physical activity? If yes, describe:</p>	
<p>Has your dog/dogs had any major surgeries? Yes or No If yes, describe:</p>	
<p>Are your dog/dogs on any kind of medicine? Yes or No If yes, what is the medication and what is it for?</p>	
<p>Do your dog/dogs have allergies? Yes or No If yes, describe:</p>	
<p>Does your dog/dog receive regular brushing? Yes or No If yes, how often do you brush your dog/dogs?</p>	
<p>How does your dog/dogs react to having nail trims performed?</p>	
<p>Do your dog/dogs have any areas that are painful? Yes or No If so, describe:</p>	
<p>Are your dog/dogs on flea and heart worm prevention? Yes or No If yes, describe:</p>	
<p>Is there anything else that you would like us to know about your dog/dogs?</p>	
Name	Date

Service Agreement, Waiver and Release for Day Care, Boarding, and Bathing Services

Your Dog's Name: _____

Owner's Name: _____

Service Agreement

Happy Trails Pet Center agrees to exercise reasonable care to maintain a clean, safe, and secure environment for dogs while on Happy Trails Pet Center property.

Initials: _____

Happy Trails Pet Center agrees to be completely transparent regarding dog(s), behavior, observations, suspicion of sickness or dog(s) behaving out of character. Owners and employees will have complete transparency about services offered, dog behaviors acceptable and/or unacceptable behaviors, pack management, policies, and procedures.

Initials: _____

Happy Trails Pet Center agrees to contact the owner, prior to contacting the emergency contact in the event of an emergency. Owners and employees will try to contact the owner with several attempts. Please keep in mind, contact information is provided during the evaluation appointment. It is your responsibility to keep contact information and emergency contact information updated. If we are unable to leave a voicemail, due to voicemail box is full, cell phone is turned off, or the mailbox is not set up, your emergency contact is responsible for transferring details regarding an emergency.

Initials: _____

Happy Trails Pet Center agrees to perform an entry exam on all dogs participating in boarding services. This exam is a measure to determine if the dog(s) have any previous injuries (skin tears, suspicion of contagious diseases, suspicion of infections, damaged, limping, pain, broken nails or any other issue that would prevent participation in services. We also agree to perform an exit exam to ensure over physical quality of dog(s).

Initials: _____

Happy Trails Pet Center agrees that every dog participating in boarding will receive a report card. The report card will track if a dog is eating or not eating meals, water intake, urinary frequency, and bowel movements. The report card has a sign off portion for medication administration (medication/supplements) provided by the owner. This section of the report card also has specific instructions provided by the owner about medication administration. Owners and employees will within reason, try our best to administer pill(s), by giving medication with food, using pill pockets (grain

free duck and pea formula), mixing wet food, using a small amount of hot dog, or pilling orally. Provided that no dog(s) have a sensitive stomach or allergies to chicken, beef, fish, or any other allergies that could be in what is listed above.

Initials: _____

If a dog is not eating enough or stops eating while participating in boarding. Happy Trails Pet Center will leave the dogs food in with this dog or dogs overnight. We want to offer the dog(s) every possible opportunity to eat overnight. If the dog(s) is boarding overnight with housemates, we will separate the dog who is not eating to ensure that the other dog(s) are not eating the food or to prevent an altercation with other housemates. If we observe that the dog(s) is not eating by the next morning, provided that the dog(s) have no allergies or sensitivities. Happy Trails Pet Center would like to offer mixing chicken broth, wet food (Weruva Gold- chicken, duck, lamb, beef, peafowl), dehydrated meat sprinkles (Fish or Turkey) in with provided food. Happy Trails Pet Center wants to make sure your dog(s) maintains a nutritional diet while boarding.

Please initial: _____ to grant permission to mixing food.

While a dog is participating in services it is possible that your dog(s) could have a minor allergic reaction to something prior to attending services or while attending services at Happy Trails Pet Center. Happy Trails Pet Center can administer Benadryl (1mg. per pound every 12 hours).

Please initial: _____, to grant permission.

If a dog(s) participating in boarding services has loose stool, Happy Trails Pet Center can mix pumpkin in with food at mealtime to help firm up loose stool.

Please initial: _____, to grant permission.

If a dog(s) participating in boarding services has diarrhea, Happy Trails Peter can administer Pro-Pectalin (Pro-Biotic Supplement administration is based upon weight). Pro-Pectalin will be administrated every 12hrs. until stool has returned to normal.

Please initial: _____, to grant permission.

If a dog(s) shows signs of noise reactivity (thunderstorms), Happy Trails Pet Center can administer calming chews (Progility cold pressed soft chews, or Earth Animal Calm Down drops). The soft chews, and drops are used to help calm, and not to sedate or cause extreme drowsiness. Both are administered based upon weight.

Please initial: _____, to grant permission.

Our environment is not suitable for dogs that elderly with health conditions that require maintenance for the following conditions cancer, server eye disorders, completely blind, arthritis, kidney disease, chronic heart disease or heart failure, Addison's Disease, Cushing Syndrome, Spinal issues, or any other chronic disease/disorder. We are a non-medical facility. The owners and team members have general knowledge in providing Fist Aid. We cannot provide the quality of care that a veterinarian can provide in the event of an emergency. Our environment may not be suitable for all healthy elderly dogs due to social maturity and becoming overwhelmed by our environment. We believe that environmental stress for an elderly is not quality of care in the services we provide.

Please initial: _____

Happy Trails Pet Center cannot offer services to dogs that have an ongoing history of seizures, or dogs that have diabetes. We are a nonmedical facility.

Please initial: _____

If a dog(s) has play nicks, scratches, or slight skin damage, Happy Trails Pet Center can administer peroxide and Neosporin to the affected area.

Please initial: _____, to grant permission.

All in-house foods, supplements, and topical treatments are free of charge. Happy Trails Pet Center believes that you are the best advocate in what is best for your dog(s). If there is anything we can offer to improve, please let one of the owners know (Ray or Rachel). We strive to offer the best quality care, while maintain dignity and the utmost respect for our clients and their dogs. It is our sole mission to love the dogs like they are our own.

Waiver and Release

1. Owner understands that Happy Trails Pet Center LLC, has relied upon your (Owner) representation that my dog(s) are in good health, and will continue to stay in good health while participating in all future services. Happy Trails Pet Center is unable to provide reasonable quality care in the following circumstances, but not limited to: Diabetes, physical restrictions (such as tendons or muscles), stitches that are present, Elizabeth collars, medical care that is out of our range of care, and severe anxiety. Dog(s) with significant medical needs or elderly dog(s) that are unable to walk, or stand are better off under a veterinarian's care and not at Happy Trails Pet Center. I acknowledge and am aware that the employees of Happy Trails Pet Center are not veterinarians and are not expected to diagnose or detect illnesses in dog(s) that are participating in services at Happy Trails Pet Center. Happy Trails Pet Center reserves the right to reject dog(s) at check-in, including without limitation, sickness, injury, pain or behavior.

Initial: _____

2. Owner understands that Happy Trails Pet Center, LLC has relied upon my (Owner) representation that my dog(s) has not injured or shown aggression or threatening behavior to any person or dog in admitting my dog(s) for services at Happy Trails Pet Center. Owner agrees to be solely responsible for all acts or behavior in the event that your dog(s) causes damage to employees, volunteers, other dogs within the facility, and damage to property. Owner understands that fractious dog(s) are not permitted and that if a dog(s) acts aggressively or exhibits unacceptable behavior such dog(s) may, at sole discretion of Happy Trails Pet Center, be asked not to participate in any services offered. Owner understands and agrees to pay full financial responsibility and all liability for any and

all expenses involved in regard to the behavior of my dog(s). If a situation arises with aggression, Happy Trails Center reserves the right to isolate dog(s) from participating in group play.

Initial: _____

3. Owner understands that there are risks and benefits associated with group socialization of dogs. Owner agrees that the benefits outweigh the risks and accepts the risks. Owner desires a socialized environment for their dog(s) while attending services provided by Happy Trails Pet Center and while in their care. Owner understands that while the socialization is closely monitored by trained professionals and owners during normal play, dog(s) may receive minor nicks and scratches from playing with other dogs.

Initials: _____

4. Owner understands and will keep all required vaccinations (DHP, Rabies, Bordetella) current on their dog(s) that are participating in services at Happy Trails Pet Center. It is the responsibility of the owner to provide updated shot records upon request. Happy Trails Pets Center reserves the right to refuse services to any dog(s) that are not current on vaccinations. Happy Trails Pet Center may require additional vaccination such as, but not limited to Canine Influenza Vaccines. Happy Trails Pet Center has taken reasonable steps to minimize the occurrence of URI's (Upper Respiratory Infection). However, no amount of supervision, sanitation or personalized care can wholly prevent a dog(s) from contracting URI's. An URI is contagious to other dogs and generally lasts 7-14 days. If a dog is suspected of having a URI or any other contagious disease, Happy Trails Pet Center will contact the owner immediately at the time of suspicion. Owner must remove the dog(s) from the facility as soon as possible. If the owner is not able to do so, they may reach out to an emergency contact for pick up. However, Happy Trails Pet Center reserves the right to place the dog(s) in isolation at Mills Animal Hospital or at the owner's veterinarian of choice, within reason. Owner understands that having all vaccinations does not guarantee your dog(s) will not get the virus. There are many cases of a dog being vaccinated and still getting the virus. Upper Respiratory Infections are a viral infection and not bacterial. There are over 40 viruses and only 10 are covered by the Bordetella Shot. Owner recognizes that Happy Trails Pet Center will not be held responsible or liable should their dog(s) catch any viral or bacterial disease given that the owner and Happy Trails Pet Center has done everything to ensure their safety from contagious disease. Owner will assume all medical and financial obligations if their dog(s) become ill. If your dog(s) fall ill due to a URI or any other contagious disease after participating in services at Happy Trails Pet Center, please notify one of the owners as soon as possible. This will ensure that proper sanitation protocol in this such event can be properly applied to prevent further spread of an URI or contagious disease. All dog(s) that have been prescribed medications for contagious disease must complete all medication before returning to participate in services at Happy Trails Pet Center. For all other non-emergencies and emergencies Happy Trails Pet Center will seek treatment at Mills Animal Hospital during hours of operation.

Initials _____

5. Owner understands that Happy Trails Pet Center requires all females to be spayed at 6 months of age. If the owner has purchased a Day Care package during the time of the surgery, please contact one of the owners. We will extend the expiration date on all packages due to medical issues with dog(s). Happy Trails Pet Center does not require male dogs to be neutered.

Initials _____

6. Owner understands that while the dog(s) are at Happy Trails Pet Center for boarding or day care they maybe be placed in a kennel or crate if the dog(s) needs a break, to dry from receiving a bath, or when receiving a meal.

Owner understands that no staff members are in the building after 7:00 pm. After play care hours, and potty breaks all dogs are housed in kennels in a climate-controlled environment. If Owner chooses to board multiple pets in the same kennel together, Happy Trails pet Center will not be held responsible for any injuries sustained between the dogs. Happy Trails Pet Center reserves the right separate them if necessary. Dogs with different owners will not be allowed to stay in the same kennel.

Initials _____

7. Owner agrees to provide an adult over the age of 18 years old as an emergency contact. Emergency contact must be someone other than the owner, and someone who is able to pick up dog(s) in the event Happy Trails Pet Center is unable to care for the dog(s) while participating in services. If the owner is unable to be reached by contact phone numbers provided, owner authorizes Happy Trails Pet Center to contact the Emergency Contact. Owner agrees that the Emergency Contact has full authority to make all decisions regarding dog(s), health care, and expenditure of funds for Owner on the behalf of Owner and dog(s).

Initials _____

8. In the event of an emergency or natural disaster, every effort will be made to contact the Owner or Emergency Contact to retrieve your dog(s). Owner agrees Happy Trails Pet Center, at its sole discretion, is authorized to transport and / or to make temporary alternative arrangements to house and care for your dog(s) until Owner or Emergency Contact can retrieve your dog(s).

Initials _____

9. Provided that Happy Trails Pet Center has exercised reasonable care, Happy Trails Pet Center, its agents, trainers, or contractors shall not be liable for any loss or damage to dog(s), including but not limited to, disease, theft, escape, death or injury, except that which may arise from sole gross negligence or intentional and willful misconduct of Happy Trails Pet Center. Owner understands and specially acknowledges and agrees that Happy Trails Pet Center's liability, of any circumstance related to the dog, will not exceed the current chattel value of a dog of the same breed as the one in Happy Trails Pet Center's Care.

Initials: _____

10. Owner agrees to not bring items for dog(s) that have sentimental value, items that are deemed expensive or deemed too costly to be replaced, or bring items that are considered a choking hazard, but not limited to (Nyla Bones, Squeaker Toys, or Raw Hides). It is Happy Trails Pet Center's sole discretion to remove or not to give any dog(s) any items provided by the owner that opposes the risk of choking. In the event, a dog or dogs are chewing on any type of bedding. The bedding will be permanently removed to prevent a choking hazard.

Initials _____

11. Owner understands that if my dog(s) is/are not picked up on time or by scheduled date of pick up. Owner hereby authorizes Happy Trails Pet Center to take whatever action is deemed necessary for the continuing care of my dog(s). Owner agrees to pay for all services rendered during the extended stay of owner's dog(s). Owner understands that if the dog(s) extend over one week on the eighth day, with no contact from the owner or emergency contact, Happy Trails Pet Center will proceed according to the guidelines provided by Georgia Statute

4-11-9.3. Abandonment of animals by owner; procedure of handling. I also acknowledge that I will be fully responsible for all attorneys' fees and associated cost if I abandon my dog.

Initials _____

12. Owner agrees to pay for all services rendered at the time of pickup of dog(s). All pricing for services is listed at happytrailspetcenter.com, or you may inquire about pricing. Acceptable form of payment includes (Mastercard, Visa, Discover, American Express and Cash). Owner agrees to pay a deposit of \$75.00 to secure a boarding reservation during holidays (Thanksgiving, Christmas, and New Year's Day), and school breaks (Spring Break, Fall Break, and Winter Break). All deposits are refundable, if the reservation is canceled the Sunday before holiday breaks and school breaks.

Initials _____

13. Owner hereby agrees to allow Happy Trails Pet Center to take photographs or use images of my dog(s) on social media, publication, promotions, and in Happy Trails Pet Center's art gallery.

Initials _____

Medical Release

This is required for all Happy Trails Pet Center participants receiving services. First and foremost the safety and well-being of your dog(s) is the highest importance. Ensuring that your pet remains safe and well cared for is our first responsibility and as such we take seriously. We, as owners, do our best as pet parents to have our dog(s) screened for pre-existing health conditions, but some factors may be beyond our control. If a medical emergency arises while your dog(s) is at our facility or participating in a service that we provide. It is imperative that we are immediately able to get them medical treatment at the closest facility (Acworth Animal Hospital). If Acworth Animal Hospital is closed, we will transport your dog(s) to Cherokee Emergency. We will notify the owner after we have secured a medical treatment for the dog(s) to avoid delays that may be caused by emotion on part of the owner. Our goal is to get your dog(s) medical attention as quickly as humanly possible, and any distractions that may interfere with that process. In the event a dog passes away while at Happy Trails Pet Center, owner will be notified immediately of the situation. The dog will be taken to Acworth Animal Hospital to be stored. Owner authorizes Happy Trails Pet Center to seek medical attention in the event of an emergency, by a licensed veterinarian. Owner further agrees to be fully financially responsible for all cost in the event of a medical emergency unless it is not negligence on the behalf of Happy Trails Pet Center.

Waiver and Release Arbitration

Owner has read and understands this Waiver and Release, understands all liabilities, all risks, and the financial obligations of the parties. Owner hereby agrees to its terms and releases, indemnifies, and holds harmless Happy Trails Pet Center, its staff, agents, administrators, heirs, contractors, maintenance staff and trainers from any and all manner of damages, claims, losses, liabilities, costs or expenses, causes of action or suits, whatsoever in law or equity (including, without limitation, attorney's fees and related cost) associated with Owner's and/or Pet Owner's dog's participation at the facility in day care, boarding, and bathing services provided by Happy Trails Pet Center at 4451 Acworth Industrial Dr. NW, Acworth, GA 30101.

Any controversy or claim arising out of or relating to this Agreement, or 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 Arbitration Association, and judgement upon the award rendered by an arbitrator may be in any court having jurisdiction thereof. The arbitrator shall, as part of the award, determine an award to the prevailing party. The arbitrator shall apply Georgia law to the merits of any dispute or claim, without reference to conflict of law rules. The parties have read and understands 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 binding arbitration, and that this arbitration clause constitutes a waiver of the party's right to a jury trial and related to the resolution of all disputes relating to all aspects of the relationship between parties.

This Agreement covers the current relationship between Four Paws Oasis and yourself (Owner). Each time you (Owner) bring your dog(s) to Happy Trails Pet Center, you affirm the terms of this Waiver and Release Agreement and the truthfulness accuracy of all statements you (Owner) makes in the Agreement.

Owner Signature: _____ Date: _____

Print Name _____



Mills Animal Hospital

I, _____ (Owner Name), give permission to the staff at Happy Trails Pet Center of Acworth Georgia to seek both nonemergency and emergency treatments for my pet:

DOB: _____ Sex: _____ Breed: _____ at Mills Animal Hospital.

By signing this document I certify that I am the owner and give permission to the staff at Happy Trails Pet Center to seek treatment upon their best judgement and agree to the below policies and procedures of Mills Animal Hospital.

1. *I am aware that RABIES vaccinations are required by state law. Other vaccinations are required by the hospital to protect my pet and others that are hospitalized (Rabies, DHPP, Bordetella and/ or FVRCP). Due to this law and the concern for public health, my pet is required to be current on all required vaccinations, otherwise, will be vaccinated at day of treatment.*

2. *We take pride in our commitment to maintain top quality medicine and excellent patient care here at Mills Animal Hospital. All patients dropped off for treatment or procedures are checked for fleas prior to entering our treatment area. If your pet is found to have fleas, we have permission to treat your pet with a Capstar (charge of \$10.00)*

3. *CPR: In the event that my pet should experience cardiac or respiratory arrest while being hospitalized, do you give consent for resuscitation efforts to be initiated until you can be contacted further and notified of your pets status?*

I accept (initial here) _____ I decline (initial here) _____

*(Cost: \$250-500). By consenting to this service, you are also acknowledging that certain fees will apply. If you are not able to be contacted immediately, resuscitation efforts will be continued to be performed at the doctor's discretion.**

4. *I understand that there is no way to tell what may or may not happen while my pet is in the care of Happy Trails Pet Center, nor is there any way to determine the cost of such until my pet is evaluated at Mills Animal Hospital. I agree to pay for treatments rendered for my pet, as agreed upon at the time of service. I have been informed that the Doctors at Mills Animal Hospital will need to get in touch with me at a moment's notice and this is the best way to get in contact with me.*

Phone 1: _____ Phone 2: _____

Street Address: _____ Email: _____

Signature: _____ Printed Name: _____ Date: _____