

11652 W. Olympic Blvd,
Los Angeles, CA 90064
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ENROLLMENT APPLICATION

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OWNER'S INFORMATION

LAST _____ FIRST _____

STREET _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____

CELL PHONE _____

WORK PHONE _____

OTHER PHONE _____

EMAIL _____

PET'S INFORMATION

PET'S NAME _____ BREED _____ MALE FEMALE

COLOR _____ WEIGHT _____ DOB _____

IS YOUR PET ALTERED (SPAYED/NEUTERED)? YES NO

WHO IS AUTHORIZED TO PICK-UP YOUR PET? _____

2nd PET'S INFORMATION

PET'S NAME _____ BREED _____ MALE FEMALE

COLOR _____ WEIGHT _____ DOB _____

IS YOUR PET ALTERED (SPAYED/NEUTERED)? YES NO

WHO IS AUTHORIZED TO PICK-UP YOUR PET? _____

HOW DID YOU HEAR ABOUT FOUR PAWS ? _____

VETERINARY INFORMATION

FACILITY NAME _____

DR. NAME _____

CITY _____

PHONE _____

EMERGENCY INFORMATION (OTHER THAN YOURSELF)

NAME _____

HOME PHONE _____

CELL PHONE _____

DOG PROFILE

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- Does your dog have any medical problems (blind, hip dysplasia, tumors, etc)? _____ If so, please describe: _____

- Does your dog have any allergies? _____ If so, please describe: _____

- Has your dog had any illness in the past 30 days? _____ If so, please describe: _____

- Describe your dog's temperament (any dislikes, anxiety, very playful, etc.): _____

- Describe any behavioral problems: _____

- Has your dog ever bitten a person or animal? _____ If so, please describe circumstance: _____

- What commands does your dog respond to? _____

- Is your dog either: (circle) Leash aggressive, cage aggressive, dog aggressive, or owner protective? _____ If so, please describe (bites, growls, etc.): _____
- Does your dog pull on a leash? _____
- What form of flea control do you use? _____
- Is your dog permitted to have treats? _____
- Can your dog jump over a 5 foot fence? _____
- Is your dog a digger? _____ Jump on people? _____ Chew on furniture? _____
- Is your dog current on the following vaccinations? (Attach copy of vaccination record)
Rabies ____ DHP ____ Parvovirus ____ Bordetella (Kennel Cough) ____
- Is there any other information that would be helpful? _____

(OFFICE USE ONLY)

DOG EVALUATION PERFORMED BY (EMPLOYEE NAME): _____

DATE _____ DOGS USED: _____

NOTES: _____

Please provide us with the following credit card information. Your card will not be charged for any purpose other than (1) you asking for some of your bill to be placed on the card or (2) emergency care for your dog (3) if balance is past 30 days .

- Credit Card Type: _____
- Credit Card Number: _____
- Credit Card Expiration Date: _____
- Credit Card CCV Code _____
- Billing Zip Code _____

Thank you so much for taking the time to tell us about your dog and yourself!!

Please list anyone besides you and your emergency contact that is authorized to pick up your dog from our facility.

Please read the release which comprises the remainder of the enrollment application and sign and date the bottom of the application. Thank you

This is an Agreement between La Pet Depot, Inc., a California corporation doing business as Four Paws Day Care (hereinafter called "Four Paws Day Care") and Pet Owner (hereinafter called "Owner").

Following are the terms of service for the stay of the OWNER'S pet(s) as a guest of Four Paws Day Care:

1. By agreeing to this Agreement and leaving your pet with Four Paws Day Care, Owner certifies to the accuracy of all information provided to Four Paws Day Care in writing, digitally or orally about the Pet. Four Paws Day Care reserves the right to deny admittance to the Pet or any pet for any reason at any time.
2. Owner specifically represents that he or she is the sole owner of the Pet, free and clear of all liens and encumbrances.
3. Owner specifically represents to Four Paws Day Care that, to Owner's knowledge, the Pet has not been exposed to any contagious diseases within a 30 day period prior to check-in. Owner represents that each time Pet is brought to Four Paws Day Care, Owner is recertifying that the Pet is in good health and has not had any communicable illness of any kind for 30 days prior to check in. Owner further agrees to provide Four Paws Day Care with proof of required vaccinations upon request and prior to check in. In addition, Owner agrees that if any fleas or ticks are discovered on the Pet during check in or at any time during the Pet's stay, Four Paws Day Care will administer a flea bath to the Pet at Owner's expense. Four Paws Day Care will administer a spot flea and/or tick treatment to all Pets checking into the hotel.
4. While Four Paws Day Care makes every effort to ensure the pets staying at a Four Paws Day Care's location are healthy by requiring their owners to affirmatively represent that all vaccines for their pet are current, Owner acknowledges and is aware that the employees of Four Paws Day Care are not veterinarians and do not have backgrounds in animal medicine and are not expected to diagnose or detect illnesses in the pets that are staying at a Four Paws Day Care's location. In addition, Owner acknowledges and is aware that vaccines do not protect against all communicable illnesses that may affect a pet. Owner acknowledges and agrees that they are assuming all risk of illness, disease, harm or otherwise to their pet by allowing their pet to stay at Four Paws Day Care.
5. Four Paws Day Care agrees to exercise reasonable care for the pet during its stay and, if applicable, during transport. If pet is transported to or from Four Paws Day Care by Four Paws Day Care's staff, owner holds Four Paws Day Care harmless in the event of injury or accident during transportation. It is expressly agreed by owner and Four Paws Day Care that Four Paws Day Care's liability shall in no event exceed the lesser of the current chattel value of a pet of the same breed or the sum of \$200.00 per animal.
6. Owner agrees to be solely responsible for any and all acts or behavior of the Pet while in the care of Four Paws Day Care, to include payment of costs for injury to staff or other animals or damage to facilities caused by the Pet. Owner further indemnifies Four Paws Day Care against any claims made against Four Paws Day Care or its employees or members or other agents or losses or damages of any kind suffered by Four Paws Day Care as a result of Owner's failure to inform Four Paws Day Care of any pre-existing condition the Pet may have (such as illness or aggression problems) or which were otherwise caused by the Pet.
7. Owner understands that Four Paws Day Care utilizes playgroups where dogs interact and co-mingle. Squirt water bottles, time outs may be used for correction. In extreme cases dogs may be muzzled for their protection or the protection of other dogs or staff or for excessive barking. Owner agrees that the Pet may be removed from a playgroup at Four Paws Day Care's discretion and not permitted to interact further with other dogs during current or any subsequent stays. Owner further understands that when dogs play in groups that nicks and scratches may occur. Staff may or may not notify Owner immediately if the Pet sustains any nicks or scratches and even if the Pet is seriously injured. Four Paws Day Care's staff may wait and notify Owner when the pet is picked up by or delivered to the Owner.
8. Owner agrees to pay the pet care service rate in effect on the date Pet is checked into Four Paws Day Care and to pay for any additional services requested when Owner picks up Pet. Owner further agrees that the Pet shall not leave the facility until all charges due are paid by Owner or proper payment arrangements are agreed upon by both parties.
9. All charges incurred by Owner and not previously paid shall be payable upon pickup or delivery of Pet, or when billed by Four Paws Day Care at the address listed on this contract. Four Paws Day Care shall have, and is hereby granted, a lien on the Pet for any and all unpaid charges resulting from services provided by Four Paws Day Care. Owner hereby agrees that in the event the charges are not paid when due in accordance with this contract, Four Paws Day Care may exercise its lien rights within ten days after written notice has been given by Four Paws Day Care to Owner by certified mail to address shown on contract. Four Paws Day Care may dispose of Pet for any and all unpaid charges, at private or public sale, at the sole discretion of Four Paws Day Care, and Owner specifically waives all statutory or legal rights to the contrary. If such sale shall not secure a price adequate to pay such costs of pet care or other charges delinquent, plus costs of sale, then Owner shall be liable to Four Paws Day Care for the difference. All monies realized by Four Paws Day Care at such sale, over and above the charges due and costs of sale, shall be paid to Owner.
10. In an emergency, Four Paws Day Care will attempt to contact the Pet's personal veterinarian as well as the emergency contact provided by Owner; however, such an emergency might not provide the time to do so prior to the administration of care. Owner authorizes Four Paws Day Care to obtain medical attention for Pet from any qualified veterinarian and to transport Pet to and from that veterinarian when Four Paws Day Care deems such medical care is important to Pet's health. Owner grants Four Paws Day Care or its employees or agent's full decision making power involving medical treatment of Pet and agrees to pay for all costs. This applies to any claims for injuries or damages related to such medical care or transport. In the event of a Pet's death the Owner's emergency contact will be notified immediately.
11. This Agreement contains the entire agreement between the parties. All terms and conditions of this Agreement shall be binding on the heirs, administrators, personal representatives and assignees of the Owner and Four Paws Day Care.

12. Any controversy or claim arising out of or relating to this Agreement, or the 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 judgment upon the award rendered by an arbitrator may be entered in any Court having jurisdiction thereof. The arbitrator(s) shall apply California law to the merits of any dispute or claim, without reference to conflicts of law rules. The parties hereby consent to the personal jurisdiction of the state and federal courts located in California and agree that such courts shall have the sole and exclusive jurisdiction for any action or proceeding arising from or relating to this Agreement or relating to any arbitration in which the parties are participants.

THE PARTIES HAVE READ AND UNDERSTAND THIS CLAUSE 12, 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 RELATES TO THE RESOLUTION OF ALL DISPUTES RELATING TO ALL ASPECTS OF THE RELATIONSHIP BETWEEN THE PARTIES.

I warrant that I am at least eighteen (18) years of age and that I have the full, complete and unrestricted right and authority to enter into this release.

Print Name: _____

Signature: _____

Date: _____