



Veterinary Patient Application & Owner Agreement

Barks and Medication is excited to learn about you and your pets! Please take a moment to fill out the information below so we can help your family member(s) have a happy, healthy and safe experience at Barks and Medication.

Thank you for your time!

Parent Information

Parent's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: MOM: _____ DAD: _____

Email: MOM: _____ DAD: _____

Emergency Contacts

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Are your Emergency Contacts authorized to pick up your pet? _____

Are your Emergency Contacts authorized to make medical decisions concerning your for your pet? _____

Veterinary Information:

Former Veterinary Clinic: _____

Veterinarian normally seen: _____

Clinic address: _____ Phone: _____

Pet Information:

Pet's name: _____ Breed/Species: _____

Color: _____ Age: _____ Birthdate: _____ Sex: _____ Weight: _____

Spayed/Neutered ___Y___N Tag/License #: _____ Microchip #: _____

Health Records:

Please Attach A Copy Of Your Pet's Records Or Call Your

Former Vet's Office And Ask Them To Fax The Records To Us.

Is your dog currently taking any monthly preventative medications? _____ If yes, please tell us what kind of...

Heartworm Prevention: _____ Flea/Tick Prevention: _____

Does your pet suffer from any known medical condition or allergies? If yes, please give a brief explanation: _____

Is your pet on any medication? _____ Yes _____ No. If yes, what medications and how often are they given? _____

Tell Us About Your Pet. Click All That Apply:

- | | |
|--|--|
| <input type="checkbox"/> Outgoing | <input type="checkbox"/> Timid |
| <input type="checkbox"/> Aggressive- Will Bite | <input type="checkbox"/> Nervous |
| <input type="checkbox"/> Playful | <input type="checkbox"/> Loner- Prefers To Be By Himself |
| <input type="checkbox"/> Affectionate | <input type="checkbox"/> Food Aggressive |
| <input type="checkbox"/> Toy Aggressive | <input type="checkbox"/> Leash Aggressive |
| <input type="checkbox"/> Wrestler | <input type="checkbox"/> Nibbler |
| <input type="checkbox"/> Growler/Talkative | <input type="checkbox"/> Jumper |
| <input type="checkbox"/> Herder | <input type="checkbox"/> Runner- Will Bolt |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Kennel Aggressive |

How long have you had your pet and where did you get him/her? (Breeder, Shelter, Rescue, Other): _____

Has your pet ever bitten a person or another pet? _____ Yes _____ No. If yes, please explain the circumstance: _____

Is there anything Barks and Medication can do to make your pet feel more comfortable and happy during its time with us? _____

We sincerely appreciate your business and the time that we get to spend with your beloved pet. We understand the level of trust you place in us when you choose Barks and Medication to provide the care and treatment needed to help keep your pet healthy and happy. Thank you!

The entire staff at Barks and Medication

Barks and Medication Owner Agreement

Accuracy and Disclosure:

Owner acknowledges and agrees that all the information provided to Barks and Medication is complete and accurate to the best of their knowledge. Owner agrees to complete and turn in up-to-date records to be included in Barks and Medication Pet file. Other than noted herein, Owner acknowledges and states that Pet is not aggressive and does not have threatening behavioral problems. Owner certifies that Pet has never harmed itself, another pet or human. Owner agrees that if fleas or ticks are spotted on Pet at any time during their stay, Barks and Medication may administer a flea and tick bath or oral medication, at the Owner's expense. Barks and Medication reserves the right to refuse service to any Pet for any reason, at any time.

Liability:

Owner acknowledges that Barks and Medication maintains every effort to keep every dog and human safe at all times in and around the facility, and that the concept of Barks and Medication Doggy Day Care is to allow dogs to socially interact with other dogs and humans during daycare and boarding activities. Owner releases Barks and Medication, its employees, and any agent associated with Barks and Medication of any kind suffered by Owner, Pet, or anyone picking up or dropping off Pet, for any injury, behavioral problem, health problem, and/or illness of Pet, including without limitation, death. Owner voluntarily accepts these risks, and fully releases Barks and Medication, its employees, and any agent associated with Barks and Medication from any and all claims arising out of injury or damage in any way related from associating with Barks and Medication. Owner agrees and understands that dogs are unpredictable animals and Owner will be responsible for any and all costs associated with any kind of injury to their Pet, including but not limited to veterinary bills. In the event that Barks and Medication employees transport Pet to or from facility, Owner releases Barks and Medication from all liability in the event of an accident or injury during transportation. Owner agrees that Barks and Medication liability will never exceed the lesser of the current value of the Pet of the same breed, or a lump sum of \$250 per Pet.

Acceptance of Risk:

Barks and Medication strives to maintain a safe and healthy environment for our guests, but Owner fully understands that animals are unpredictable and there are potential risks involved with interactions between dogs and humans, as well as dogs and other dogs, which may result in property damage or bodily damage, including, but not limited to illness, disability, or death to dog or human. Owner fully accepts and assumes responsibility for all risks, including, but not limited to, death, veterinarian expenses, losses, damages, any cost, or any form of sickness, including but not limited to any communicable disease contracted by Pet at Barks and Medication.

Images and Likenesses

Owner hereby grants and authorizes Barks and Medication the right to take, edit, alter, copy, exhibit, publish, distribute and make use of any and all pictures or video taken of my pet by Barks and Medication to be used in and/or for legally promotional materials including, but not limited to, newsletters, flyers, posters, brochures, advertisements, fundraising letters, annual reports, press kits and submissions to journalists, websites, social networking sites and other print and digital communications, without payment or any other consideration. This authorization extends to all languages, media, formats and markets now known or hereafter devised. This authorization shall continue indefinitely. I understand and agree that these materials shall become the property of Barks and Medication and will not be returned but will be shared with me upon my request

Veterinarian Liability and Release:

I am the owner or the agent for the owner of the animal described above, and I have the authority to execute this consent. In any emergency situation that may arise while my pet is in the custody of either Barks and Medication or Barks and Medication, I hereby authorize Barks and Medication to perform whatever medical and/or surgical procedures may be deemed necessary for my pet. I understand that Barks and Medication will make an effort to contact me, my spouse and/or the Emergency Contacts at the phone numbers listed herein in an attempt to gain personal, real time authorization for any contemplated procedure or surgery. In the absence of successful contact with me or any of my listed representatives, I grant Barks and Medication full authority to act in the best interest of my pet on my behalf and I understand and agree that I will be responsible for all related costs. I understand and affirm that no part of this agreement shall be construed as giving Barks and Medication, Barks and Medication, or any of my listed Emergency Contacts the authority to determine that any form of medical euthanasia is the proper course of action for my pet. Notwithstanding any interpretation of any part of this agreement, I, as the owner, or my spouse, as the co-owner, are the only person(s) with the power to authorize the pet described above to be euthanized.

In the event that surgical operations or procedures are scheduled or deemed to be necessary on a non-emergency basis, I understand that the nature of these operations or procedures will be explained to me so that I might have a basic understanding of what will be done, to the extent necessary for me to consent to the operations or procedure(s) being performed on my Pet. I understand and agree that there are certain risks and possible complications associated with any operation or procedure. I understand that the risks and possible complications will be explained to me so that I might have a basic understanding of those possibilities. I further understand that during the course of the operations or procedures, unforeseen conditions may arise that may necessitate the performance of additional procedures. I authorize the use of appropriate anesthesia and pain relief medication as needed before or after the procedure. I have been informed that there are risks associated with the use of any medication. I understand that hospital support personnel will be used in any capacity deemed necessary by the veterinarian.

Abandoned Pets:

No Pet shall be left at Barks and Medication past the scheduled timing of its visit. If a Pet is left at Barks and Medication for more than seven days past its scheduled pick up time with no contact from the Owner or any person on the Owner's contact list, Barks and Medication shall become the legal guardian of the Pet. Barks and Medication shall have the right to seek a new home for Pet after seven days of abandonment. Owner fully acknowledges and agrees that if Pet is abandoned at Barks and Medication, Owner may not be able to retrieve Pet and cannot take any recourse against Barks and Medication.

Payments:

Owner acknowledges that they understand that Barks and Recreation, LLC and Barks and Medication, LLC are two different businesses operating independently of each other. Owner further acknowledges that neither business will invoice or collect for services delivered to Owner by the other and that payments must be made separately to each business for goods and/or services provided. Owner agrees that all information obtained by either business about the owner or the owner's pet(s) may be shared with the other as needed to provide the best possible care for the owner's pet(s) or to collect payments for invoices generated by either business. Owner hereby gives permission to both businesses to share credit card or other payment information they may have on file with the other for the sole purpose of payment of invoices generated by either business for goods and/or services provided to the owner.

All payments are due at or before pick up. Owner agrees that Pet may not leave the facility until all charges due are paid by Owner or payment arrangement is agreed upon by both parties. Owner agrees to pay any collections costs and the cost of a returned check or debit charge. Owner agrees to pay any fees associated with late or emergency pick-ups.

Owner will be provided a written estimate of costs for any contemplated or recommended procedure or operation upon request. Verbal estimates will be provided at the request of Owner in place of written estimates. Estimates will be made to the best of Barks and Medication's ability and will be reasonably accurate based on information available at the time of the estimate. As previously agreed, Owner stipulates that final charges may be different from estimated charges if unanticipated conditions arise during any procedure or operation.

Owner acknowledges that the term "Pet" as used in this agreement refers to all pets under the ownership or direct control of Owner. Owner agrees that he/she has read, understands, agrees to and acknowledges all of the above.

Owner Signature: _____ (electronic signature deemed same as original)

Owner Printed Name: _____ Date Signed: _____

Pet's Name: _____

Additional Pet's Name: _____

Agreement Accepted By: _____ Date Accepted: _____