



19635 S. 97th Avenue, Mokena, IL 60448

Liability Agreement

Dog's Name(s) (please print) _____

Owner's Name(s) (please print) _____

Client Agreement & Release of Liability

I hereby release Alfie's Poochie Playlot, LLC, its agents, officers, sub-contractors, employees, animal owners, customers, and potential customers of Alfie's Poochie Playlot, LLC from any and all liabilities, financial and otherwise, for injuries to myself, my dog(s), or any other property of mine which arise in any way from the services and/or products provided by or as a consequence of my association with Alfie's Poochie Playlot, LLC.

I agree to assume all liabilities and responsibilities, financial and otherwise, for the behavior and health of my dog. In consideration of my services rendered by Alfie's Poochie Playlot, LLC, I wave any and all claims, actions, or demands of any nature, foreseen or unforeseen, that I may have against Alfie's Poochie Playlot, LLC relating to the care, control, health, and/or safety of my dog arising during pick-up, transport, drop-off, and stay at the facilities.

I authorize Alfie's Poochie Playlot, LLC to do whatever they deem necessary for the safety, health and well-being of my dog while under the care of Alfie's Poochie Playlot, LLC, including seeking professional veterinary treatment for my dog(s). Due to the many outstanding benefits of dog socialization and Alfie's Poochie Playlot, LLC's commitment to the safety and well-being of my dog, I agree that the benefits of dog socialization outweigh the risks. Furthermore, I request a socialized environment for my dog while under the care of Alfie's Poochie Playlot, LLC.

I understand that Alfie's Poochie Playlot, LLC has the right to refuse service to me and/or my dog at any time for any reason. I understand that if my dog has a history or repeatedly demonstrates aggression of biting of people or animals, Alfie's Poochie Playlot, LLC reserves the right to refuse services. I understand that all bites will be reported to the local authorities as required by law.

I hereby declare to Alfie's Poochie Playlot, LLC that I am the legal owner of my dog; that my dog has not been exposed to distemper, rabies, or parvovirus within the past thirty (30) days, that my dog has been inoculated as indicated by records presented.

By signing below, I acknowledge that I have read this Daycare * boarding, Agreement in its entirety and agree to the terms. This agreement shall be binding for a period of ten (10) years from the date of the signature below.

CLIENT SIGNATURE **DATE**



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HOLD HARMLESS AGREEMENT

Alfie's Poochie Playlot, its owner, employee(s), representative(s) or any other person(s) affiliated with the company shall hereinafter be referred to as "Alfie's Poochie Playlot."

By signing this form, you or your representative(s) (print your name) _____ shall hereinafter be referred to as "CLIENT," and agree not to hold "Alfie's Poochie Playlot" liable for any injuries to your dogs _____ while in the care of "Alfie's Poochie Playlot."

Although we screen for temperament, watch the dogs carefully, and **do not** take aggressive dogs, day care can be hazardous due to dogs playing together. They can get rambunctious at times and we cannot be held responsible for the injuries and/or death that may occur in and out of the day care including the transporting of animals.

By signing this form, you acknowledge that you understand and accept the terms and conditions set forth by this agreement.

"CLIENT" NAME _____

"CLIENT" SIGNATURE _____

DATE _____

Rosemary Cotter, Owner _____

"Alfie's Poochie Playlot, LLC" _____

DATE _____



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New Client Forms

First Name*		Cell Phone (1) *	
Last Name*		Cell Phone (2)	
Additional Owner Name		Home Phone	
Email*		Emergency Contact* (MUST be someone other than you or the additional owner)	
Address*		Emergency Contact Number*	
Address 2		Who will be authorized to pick up? *	
City, State*			
Zip Code*			

How did you find out about us?	
Additional Comments:	

* = asterisk means that you MUST be filled out

Pet(s) Name*	
Breed*	
Birthdate (mm/dd/yyyy)	
Neutered/Spayed/Not Fixed? *	
Behavioral Advisories (check whichever apply) *	<input type="checkbox"/> Aggressive? <input type="checkbox"/> Food Aggressive? <input type="checkbox"/> People Aggressive? <input type="checkbox"/> Toy Possessive? <input type="checkbox"/> Coprophagia (poop eater)? <input type="checkbox"/> Jumper? <input type="checkbox"/> Diggers? <input type="checkbox"/> Hand Shy? <input type="checkbox"/> Unable to touch collar w/o being snapped at? <input type="checkbox"/> Biter? <input type="checkbox"/> Excessive Barking? <input type="checkbox"/> Excessive Mounting? <input type="checkbox"/> Separation Anxiety?



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New Client Forms

Vet Information

Company Name*		
Allergies? If yes, list allergies & Rx detail*		
Crate Trained?*		
Special Requirements?		

Feeding Instructions

What brand is your dog eating?*		
How Much?*		
Feeding Times*		<input type="checkbox"/> AM <input type="checkbox"/> NOON <input type="checkbox"/> PM

* = asterisk means that you MUST be filled out

As owner of the above pet(s), I hereby give consent for emergency medical care as prescribed by a duly licensed veterinarian.
The care may be given under whatever conditions are necessary to preserve life, limb or well-being of my pet.

Signature

Date