



17630 28th Street SE, Snohomish
425-802-5617
www.allmypetfriends.com

Owner Information

Name: _____
Address: _____
City: _____ Zip Code: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____
Email Address: _____
Emergency Contact Name: _____
Emergency Contact Phone: _____
How did you hear about us? _____

Pet Information

Canine Feline

Name: _____
Breed: _____ Color: _____
Gender: Male Female Spayed Neutered Intact
Birthdate: _____
What obedience words does your pet know? _____
What treats/toys does your pet prefer? _____
How would you describe your pet's personality? (check all that apply)
 Shy Bold Laid back Playful Hyper Submissive
 Aggressive Protective of food or toys Accepts new people well
What fears or phobias does your pet have? _____

Medical Information

Veterinarian's Name: _____
Clinic Name: _____
Clinic Phone: _____
Date of last medical exam: _____
Canine Vaccinations (date last administered) Feline Vaccinations (date last administered)
DHLPP _____ FVRCP _____
Rabies _____ Rabies _____
Bordatella _____ Feline Leukemia _____
Date of last negative fecal: _____
Flea control name and last date administered: _____
Please list any previous or current allergies, illnesses, injuries and medications: _____
Are there any restrictions on your pet's activities? _____

I have provided medical records to confirm the above vaccination, fecal and exam dates and I confirm that my pet is free of any contagious conditions or communicable diseases.

Signature _____ Date _____

Hold Harmless Agreement, Authorization, Acknowledgement and Waiver

All My Friends agrees to exercise due diligence and reasonable care, and to keep the premises sanitary and properly enclosed. All pets are handled or cared for by All My Friends staff without liability on All My Friends' part for loss or damage from disease, theft, fire, death, escape, injury or harm to persons, other pet(s) or property by said pet(s), or from other unavoidable causes, due diligence and care having been exercised.

I understand that All My Friends reserves the right to refuse use of All My Friends' facilities to pets who, in All My Friends' sole determination, act aggressively, are undisciplined, evidence inappropriate behavior or who may otherwise be a danger to themselves or other animals or users.

I understand that I am solely financially responsible for any damage or harm caused by my pet(s) while under the care of All My Friends. I agree that in admitting my pet(s) to All My Friends, they have relied on my representation that my pet(s) is/are in good health and have not harmed or shown aggressive or threatening behavior towards any person or any other pet. I acknowledge that pets are encouraged to socialize and exercise at All My Friends and understand the risks involved in "free play" at day care and accepts that some injuries or illnesses may result from such interactions.

Initial

I authorize All My Friends to contact my veterinarian in order to confirm health, temperament and vaccinations. If, in my absence, my pet should be injured, become ill or suffer an ailment or is otherwise deemed by All My Friends to require immediate veterinary attention, All My Friends is authorized to consult with my veterinarian. If my veterinarian is unavailable or located at too great a distance, All My Friends is authorized to utilize the services of another licensed veterinarian. I understand that I will be responsible for any and all charges with respect to such veterinary care. Further, should I be required to take my pet to a veterinarian after a stay or visit to All My Friends, I shall be responsible for any and all veterinary or other related or unrelated charges; All My Friends shall in no way be responsible for same.

I agree that my pet(s) may be video taped, photographed and recorded. All My Friends shall be the exclusive owner of the results and all proceeds of such tapings, photography and recordings with the rights, throughout the world, and unlimited number of times in perpetuity, to copyright, to use and to license to others in any manner. I further agree that the pet(s) may be used in any and all media and in the promotion, advertising, sale, publicizing and exploitation of All My Friends.

By signing below, I acknowledge that I have read this Authorization, Acknowledgement and Waiver carefully and understand it fully and accept the terms contained herein.

Name of Owner _____

Name of Pet _____

Signature of Owner _____ Date _____