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| www.pupculturenyc.com | Business Hours:  Weekdays: 8AM-8PM  Weekends and Holidays: 8AM-7PM |
| Which Location are you applying for?  **□** 521 Broome Street **|** New York, New York 10013  : 212-925-2090 **|** :212-925-1838  info@pupculturenyc.com | **□** 170 Hudson Street **|** New York, New York 10013  : 212-951-0290 **|** : 212-951-0290  tribeca@pupculturenyc.com |

***Owner Information***

Last Name: «last\_name» First Name: «first\_name»

Street Address: «address» Apt#: «apartment»

Cross Streets: «cross\_streets» City: «city» State: «state» Zip: «zip»

Home Phone: «home\_phone» Cellular Phone: «cell\_phone»

Business Phone: «business\_phone» E-Mail Address: «email\_address»

Where did you hear about us? «reference»

Please list emergency contacts and authorized guardians:

«emergency\_contacts»

Would you be interested in purchasing a membership? «membership»

Are you providing keys for pick-up and/or delivery? «keys»

*Pet Information*

Pet’s Name: «pet\_name» Nickname: «pet\_nick»

Breed: «breed» Weight: «weight» Sex: «sex»

DOB: «dob» Color: «color» Spayed/fixed: «spayed»

How long have you owned your dog? «how\_long\_owned»

***Feeding Information***

Please specify what brand and type(wet/dry) food you use: «brand\_food»

How many times per day is your dog fed? «times\_fed»

What size serving do you provide? «size\_portion»

Does your dog have any food allergies or digestive problems? «allergies\_digestive»

Is your dog allowed to have treats (if so please specify)? «treats\_ok»

Should your dog be fed during daycare? «fed\_during\_daycare»

***Home Information***

Is your dog restricted to a particular area of your home (i.e. crate, bedroom, gate)? If so, please specify:

«in\_home\_restrictions»

Do you leave water out all the time? «water\_out» Dry food? «dry\_food»

Where do you keep the leash and collar/harness? «leash\_location»

Where do you keep dog food, treats, and feeding/water dishes? «where\_is\_the\_stuff»

Where do you keep any other items, we might need (i.e. wee-wee pads, paper towels, toys)? «where\_is\_the\_other\_stuff»

Do you have any instructions regarding lights and locks? «light\_locks»

Do you have any other helpful information such as hiding spots or personality quirks? «quirks»

***General Information***

Please describe your dog’s behavior around other dogs: «behavior»

Please describe your dog’s behavior around new people: «behavior\_new\_people»

Please describe your dog’s behavior on a leash: «behavior\_leash»

Is your dog housebroken? «housebroken»

When was your last visit to the vet? «last\_vet»

What type of flea prevention do you use? «flea\_prevention»

Does your dog have any medical conditions? If so please specify: «medical\_conditions»

Does your dog require any medication?If so please specify reason, brand, dosage, and how long your dog has been on it:

«medication»

Has your dog ever bitten or tried to attack another dog or human being? If so, please specify: «ever\_bitten»

Name of Veterinarian: «vet\_name» Vet’s Phone: «vet\_phone»

Address of Vet: «vet\_address» City: «vet\_city» State: «vet\_state»

We require that all pets have current Rabies, DHHP, and Bordetella (kennel cough) vaccinations or titer tests. Bordetella is not part of a titer test, nor is it a standard vaccination, but it must have been administered for your pet to stay at pupculture. **Please provide proof of vaccination or have your vet fax documentation directly to us. We CANNOT admit your pet without this.**

Should there be any type of emergency that causes injury to your pet we will try to contact you. In the event that you cannot be reached, we will use our best judgment regarding course of treatment. Should your pet hurt itself, another dog, or a person, your signature on this form acknowledges that pupculture shall not be held responsible in any way, both financially and legally.

I have read this form in its entirety and all statements are true to the best of my knowledge.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ «date»

Signature Date

**CONTRACT, RELEASE AND CREDIT CARD DEBIT AUTHORIZATION**

This is a Contract between Pup culture (hereinafter referred to as "Facility") and the pet owner whose signature appears below (hereinafter referred to as "Owner"). By signing this contract and leaving said pet with the Facility, Owner certifies to the accuracy of all information given about said pet in this contract and accompanying registration form and specifically represents that he or she is the sole owner of the pet, free and clear of all liens and encumbrances.

If Owner is not a member, owner agrees to pay the rate for day care at the time of check in, in effect on each date the pet is checked into the Facility as listed in the Facility. Members may pay at the end of the day or have their credit card billed weekly. Owner further agrees to pay all charges for special services requested, and all veterinary costs for the pet during the time said pet is in the care of the Facility.

The Facility shall exercise reasonable care for the pet delivered by the Owner to the Facility for day care grooming and/or bathing. It is expressly agreed by Owner and Facility that Facility's liability shall in no event exceed current chattel value of a pet of the same species of the pet left at the Facility. The Owner further agrees to be solely responsible for any and all acts of behavior of said pet while it is in the care of the Facility. Owner assumes any expense or liability for injuries that Owner's pet may inflict upon any human or other pet while in the Facility.

If a pet left in daycare is not picked up by advertised closing time listed on Facility’s website and on the Facility’s premises Owner agrees that the said pet will stay for boarding. Owner further agrees that earliest the pet may be picked up is the next day’s advertised opening hours. Owner agrees to pay all charged incurred.

If pet becomes ill or if the state of the pet's health otherwise requires professional attention, the Facility, in its discretion may engage the services of a veterinarian or administer medicine or give other requisite attention to the pet and the expenses thereof shall be paid by the Owner. Owner gives consent to the Facility to act in Owner's behalf in obtaining emergency or any veterinary care at Owner's expense if deemed necessary by the Facility or any of its employees. Owner indemnifies and holds the Facility harmless for said expenses.

Owner specifically represents to Facility that the pet has not been exposed to rabies, distemper or Bordetella within a thirty-day period and spot-on flea treatment for 24-hours prior to being left for boarding, daycare, grooming, or bathing.

All charges incurred by owner shall be payable when billed by Facility at the address listed in this contract. The Facility shall have, and is hereby granted, a lien on the pet for any and all unpaid charges resulting from boarding, daycare, grooming, bathing or any other service provided by Facility.

Owner understands that membership is not refundable. In the case that Facility determines that for any reason the Owner’s pet should not return to the Facility, membership will be refunded by recalculating the daycare, drop off and pick up rates at a non membership rate and by returning any balance remaining.

This contract contains the entire agreement between the parties. All terms and conditions of this contract shall be binding on the heirs, administrators, personal representatives and assigns of the Owner and the Facility. Any controversy or claim arising out of or relating to this contract, or breach thereof, or as the result of any claim or controversy involving the alleged negligence by any party to this contract, shall be settled by arbitration 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 shall, as a part of his/her award, determine an award to the prevailing party of the costs of such arbitration and reasonable attorney's fees of the prevailing party.

Credit Card Debt Authorization is required for dogs being delivered at the end of the day and is also available to members wishing simpler checkout.

I, , whose address appears in the registration form attached to this authorization, hereby authorizes Pup Culture to debit my *(circle one)* Visa MC for charges incurred in connection with the care of my dog.

My account number is:

Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Billing zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3-digit security code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that such debiting will regularly occur for as long as I bring my dog to pup culture. Further, I understand that should my card be declined, I will still be responsible for payment of services and that such payments must be made before my dog can return.

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Signature of Owner Date