



General Information

Pets Name: _____ Sex: _____ Spayed/Neutered: _____

Primary Breed: _____ Color: _____ Appx. Weight: _____

Name (last): _____ (first): _____

Phone Numbers: (H): _____ (C): _____

E-mail: _____

Mailing Address: _____

Emergency Contact: (Name) _____ (Number) _____

Veterinarian's Name: _____

Veterinarian's Phone Number: _____ E-mail: _____

Arrival Date: _____ Date Going Home: _____

Total Number of Days: _____ Per. Day Cost: \$ _____

Arrival Date: _____ Date Going Home: _____

Total Number of Days: _____ Per. Day Cost: \$ _____

Arrival Date: _____ Date Going Home: _____

Total Number of Days: _____ Per. Day Cost: \$ _____

PICK UP BY 12:00 P.M. (If not an additional day will be charged)

CLIENT AGREEMENT

For myself, my heirs, and any assigns, I hereby release AKZ Pet Boarding & Grooming, its agents, officers, subcontractors, employees, animal parents, customers, and potential customers of AKZ Pet Boarding & Grooming from any and all liabilities for injuries to myself, my pet, and any other property of mine which arise in any way out of service and/or products provided by or as a consequence of my association with AKZ Pet Boarding & Grooming. I acknowledge and understand that every pet reacts differently and that the animals, by nature are unpredictable.

Dogs and animals may without warning, bite or cause injury to human and other animals. I acknowledge and understand there are certain risks involved in cagefree play times, and boarding, including but not limited to dogfights, dog bites to humans or other animals and transmission of disease.

In case of emergency or for the use of AKZ Pet Boarding & Grooming transportation service, I recognize the risks of injury that accompany said transport and acknowledge that this RELEASE is being relied upon by AKZ Pet Boarding & Grooming to permit transport of my pet(s) to and from any necessary location. Furthermore, I accept any and all conditions, rules, and regulations promulgated by AKZ Pet Boarding & Grooming associated with the activities, use of facilities and transport and hereby agree to comply with them.

I, _____ grant AKZ Pet Boarding & Grooming and/or its select agents full power of decision concerning the care and well being of our pet(s). Should any medical emergency arise, it is agreed that AKZ Pet Boarding and Grooming or its selected agent can and will make any needed decision concerning medical treatment and choice of care giver. My signature below authorizes the use of my credit card for said purpose.

With my signature below, I accept exclusive and sole responsibility for these and all other risks and release AKZ Pet Boarding & Grooming and its selected agents of all liabilities, no matter the cause.

Veterinarian Authorization

I, _____ hereby authorize AKZ Pet Boarding & Grooming to seek and obtain veterinarian care for my pet(s) in the event of illness and/or injury. I do understand that I will be notified of any medical emergency, illness and/or injury and that any cost incurred is my sole responsibility. I hereby authorize the use of my credit card for said purpose.

Circle one: VISA MC AMEX

Credit Card #: _____ Exp. Date: _____

Signature: _____

Print Name: _____

Today's Date: _____ Witness: _____

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