



3934 W. 96th St., Suite A  
Indianapolis, IN 46268

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IndyPetSpaw.com

## Contact and Consent Agreement

Owner's Name (Last, First):

Street Address:

City:

State:

Zip:

Contact Phone:

Email:

Emergency Contact Name/Phone:

Pet Name:

Age:

Color:

Breed:

Sex:

Weight:

Veterinarian:

Clinic:

Phone:

Please see the reverse side for The Pet Spaw's General Policies and Procedures.

1. I release THE PET SPAW, LLC of any liability arising from my pet's attendance and participation in activities at THE PET SPAW.
2. I accept all reasonable risks of illness or injury that may be incurred during normal daycare or grooming activity, as the case may be. Such risks include, but are not limited to: cuts, scrapes, and other injuries resulting from rough play, and possible contagious illnesses such as upper respiratory infections.
3. I shall indemnify THE PET SPAW against any claims made against the company, or any losses or damage of any kind suffered by THE PET SPAW as a result of my failure to inform THE PET SPAW of any pre-existing condition my pet may have (including, but not limited to an illness or known aggression problem)
4. I understand and agree that should my pet become ill or in need of veterinarian care, THE PET SPAW reserves the right and sole discretion to administer aid, and/or to use any available veterinarian without liability, and I agree to promptly pay for all medical treatments received.
5. I understand that my pet must be current on Rabies, DHPP, and Bordatella and, in the case of day care, be spayed or neutered by the age of 6-months. I will provide proof of such requirements.
6. I understand that my pet must be flea/tick free. I agree that if fleas/ticks are found on my pet during their time at the THE PET SPAW that THE PET SPAW will treat the pet as they deem necessary and that I will be responsible for the cost of such treatment incurred.
7. I understand that THE PET SPAW has a prompt closing time of 6:00p.m. I understand and agree that if my pet is not picked up before this time, THE PET SPAW will transport my pet for a \$65.00 transportation fee to any available boarding facility. I will also assume boarding fees payable to the available boarding facility.
8. I give permission for THE PET SPAW to use pictures of my pet on their website and other advertising materials.

Hours: Monday through Friday 8:00a.m. to 6:00p.m.

Half-day day care is 8:00a.m. to noon or 1p.m. to 6:00p.m. Any half-day pet(s) picked up after the allowable time will be charged the full day price.

Emergency: In the event of an emergency, The PET SPAW will first attempt to contact the owner, followed by an attempt to contact the emergency contact. If these attempts are unsuccessful, staff will contact an available emergency veterinarian.

I have read, understand, and agree to all provisions of this agreement.

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Signature of Owner for Pet(s)

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Date