

Green Acres Pet Resort
3508 224th St E
Spanaway WA 98387



Boarding
Grooming
Dog Daycare

Your Name _____ Hm. Phone _____ Emerg # _____

Cell # _____ Occupation _____

Address _____ City _____ Zip Code _____

Pet's Name _____ Breed _____ Color _____ M F Neuter/Spay Y__ N__ DOB _____

Pet's Name _____ Breed _____ Color _____ M F Neuter/Spay Y__ N__ DOB _____

Veterinary Clinic _____

Dates Of Service: From _____ To _____ = # days _____

Arrival Time _____ am/pm Departure Time _____ am/pm

Agreement

Daycare charges apply after 12pm. IF being bathed/groomed before leaving: Check out time is 2pm

I agree to hold the owner of GAPR, Inc harmless of any claims for any loss of injury which may be alleged to have been caused directly or indirectly to any person or thing by the act of my pet while in the care of GAPR, Inc. and I personally assume all responsibility and liability for any such claim; I further agree to hold the aforementioned party(ies) harmless for any claim for damages, or injury to my pet, whether such loss, theft, disappearance, damage or injury be caused or alleged to be caused by the negligence of the aforementioned party(ies), or by the negligence of any other person, or any other cause or causes. I further agree that this agreement is binding for this and any subsequent attendance at GAPR, Inc.

Green Acres Pet Resort, Inc. agrees to use due diligence in caring for your pet(s). Should the animal become ill, or seem to be in the need of medical attention, we reserve the right to administer aid and/or use any available veterinarian. Any expenses incurred shall be paid by the owner, in addition to the other fees listed below.

Daily charges begin at the date(s) entered below. Client agrees to notify GAPR, Inc in advance of any change in the date(s).

Owner of the animal(s) agrees or his agent agrees to pay for reasonable attorney's fees incurred by GAPR, Inc. in the collection of any charges incurred by the owner of the animal or his agent.

Signature _____ **Date** _____

I have read the above agreement and understand that my **deposit is nonrefundable**

Daily Rate _____ Discount _____ % (if applicable) = \$ _____ X _____ days = \$ _____

Deposit _____ CK/CA/CC Taken by _____ Date _____ Subtotal \$ _____

Groom \$ _____ Bath & Nails \$ _____ Misc \$ _____ Sunday \$ _____

Daycare \$ _____ Fecal \$ _____ Bordetella \$ _____ Total Additional Services \$ _____

Balance \$ _____

CK/CA/CC Taken by _____ Date _____ PIF _____ Invoice # _____