



Peka Paws Retreat Agreement Form

Peka Paws Retreat PETS HOTEL & DOGGIE DAYCARE SERVICE AGREEMENT Form

This Agreement and any Supplements referred to herein apply to all visits your Pet(s) make to Peka Paws Retreat Limited to shop or for Services.

1. Services

Peka Paws Retreat Limited will provide the services to your Pet as indicated on the Service Card/Pet(s) Evaluation ("Services"). You agree to provide complete, truthful, and accurate information regarding any medical conditions, aggressiveness, or other conditions of your Pet, and to update us of any changes or new information. We will exercise reasonable judgment on the suitability of Services we provide to your Pet based on commercially reasonable standards and the information you disclose to us. Your Pet must be healthy. All illness, injury, or behavior problems (including aggressive or biting behavior) must be disclosed. At our request, you must provide confirmation from a licensed veterinarian or approved designee that your Pet has received all required vaccinations. You affirm that your Pet has not been exposed to rabies, distemper, or parvovirus in the 30 days prior to being brought to Peka Paws Retreat Limited. If your Pet has recently been treated for a contagious illness, we will not provide Services to your Pet for at least two (2) weeks after treatment has been completed, and a statement of health from a licensed veterinarian is provided. We may accept senior Pets and Pets with chronic conditions that require long-term medications, but we do not accept Pets that are in frail health or decompensating from either age or condition. If your Pet is found to have fleas or ticks while in our care, we require that it be treated for flea or tick removal. You authorize us to provide appropriate treatment at your expense.

2. Sole Ownership

You represent that you are the owner of the Pet and are authorized to enter into this Agreement. In the case of an ownership or custody dispute, we will require proof of ownership, a written property settlement agreement, or a court decree before releasing a Pet to anyone claiming ownership or custody. You agree to indemnify and hold Peka Paws Retreat Limited harmless from any loss, damage, or expense, including attorneys' fees, resulting from misrepresentations by you or your representatives, or resulting from Services provided to your Pet.

3. Reservations

Reservations may be accepted, but Services are not guaranteed without verification of Peka Paws Retreat Limited's Pet Health and Behavior requirements.

4. Cancellations

A cancellation fee will be charged for any reservation cancelled less than two (2) days prior to the Pet's scheduled arrival date.

5. Agent

You must designate an agent other than the primary Pet Parent over the age of 18 authorized to pick up your Pet and make all decisions for your Pet, including health-related decisions and the expenditure of funds. You authorize Peka Paws Retreat Limited to contact this agent in the event of an emergency if we are unable to reach you. If you are traveling, this agent cannot be someone traveling with you.



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6. Personal Items

Peka Paws Retreat Limited is not responsible for loss or damage to personal items or toys left with your Pet. Please do not leave valuable or irreplaceable items.

7. Payment for Services

You agree to pay Peka Paws Retreat Limited for the Services provided at the agreed rate before Services begin (the "Charges"). Boarding Policy: Charges begin on the day your Pet arrives. The latest pick-up time is 8 PM. Pick-ups after 8 PM will incur an overnight boarding charge, and pick-up will be moved to the following day. No drop-off or pick-up is available on Sundays.

8. Refusal of Service

We reserve the right to refuse to accept a Pet, to complete Services, to transport a Pet for medical attention, or to make temporary alternative arrangements to house and care for a Pet for any reason, including if the Pet is sick, injured, in pain, or its behavior could jeopardize the health or safety of others.

9. Check-In and Check-Out Times

Check-in and check-out hours will be posted at the facility. Only you or your authorized agent may drop off or pick up your Pet, and government-issued ID is required. If your Pet is not picked up at the designated date and time, you authorize us to continue providing Services as set forth in this Agreement and to add any necessary Services at your expense.

10. Emergencies

In the event of an emergency requiring your Pet to be moved to another location, we will attempt to contact you and your agent. You authorize us to transport and temporarily house your Pet until you or your agent can retrieve them. If your Pet becomes ill or injured and we cannot contact you, you authorize us to seek veterinary treatment and follow the recommendations of professionals. In critical situations, we may take your Pet to a veterinarian before contacting you. If your Pet passes away while in our care, we will hold your Pet at a veterinary facility until you or your agent can retrieve them, or arrange for cremation at your expense.

11. Communicable Diseases

While we require vaccinations, it is still possible for a Pet to become ill with a contagious condition. You understand this risk and agree that Peka Paws Retreat Limited is not liable for illness contracted during or after a stay.

12. Abandoned Pet Procedure

If you fail to pick up your Pet: Services will stop except basic care (food, water, relief time, and shelter). We will attempt to contact you and your agent. If your Pet is not picked up within a reasonable time, it will be deemed abandoned, and we may surrender it to animal control or an adoption partner. You will remain liable for unpaid Charges, including any legal or collection fees.

13. Socialization

If you choose to have your Pet socialize with others, you acknowledge the risks of illness or injury and release Peka Paws Retreat Limited from liability.



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14. Sibling Pets

If you request that your pets be boarded together, you release us from liability for illness or injury resulting from that arrangement.

15. Overnight Care

From 9 PM – 6 AM, pets will be secured in their designated sleeping area without an associate physically on-site. Security and are systems are monitored remotely by a third party.

16. Release of Veterinary Records

You authorize the release of your Pet's veterinary records to Peka Paws Retreat Limited in connection with any medical treatment provided during their stay.

17. Customer Information / Indemnification

In the event your Pet is involved in an incident (e.g., biting), you authorize us to release your name and contact information to the other party and/or authorities. You agree to defend and indemnify us against related claims.

18. Limitation of Liability

Except where prohibited by law, Peka Paws Retreat Limited is not liable for any indirect, incidental, or consequential damages related to Services provided under this Agreement.

19. Arbitration

You agree that all disputes, except certain intellectual property or small claims matters, will be resolved by binding arbitration pursuant to applicable consumer arbitration rules.

20. Miscellaneous

This Agreement constitutes the entire agreement for Services provided to your Pet. We may take photographs or videos of your Pet during their stay for commercial or non-commercial purposes without notice or approval.

21. Explicit Vaccination List

In addition to general vaccination requirements, owners must provide proof of:

Rabies

DHPP (Distemper, Hepatitis, Parainfluenza, Parvovirus) Bordetella (Kennel Cough)

Flea/Tick preventative treatment

22. Daycare-Specific Terms

Pets must pass a temperament test before joining group play. Pets must be healthy, parasite-free, and up-to-date on vaccinations. Drop-off and pick-up must be within scheduled hours. Owners acknowledge rough play, minor bites, or scratches may occur.



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23. Boarding-Specific Terms

Dogs must be house-trained or wear diapers. In a home-style boarding environment, some periods may be unattended. Aggressive or destructive dogs may be removed from group settings for safety.

24. Late Pick-Up Policy

With prior notice: Last 30 minutes after agreed pick-up time is free, then \$7/hour. Without prior notice: \$20/hour.

25. Liability Waiver

Owner releases Peka Paws Retreat, its owners, staff, and agents from any liability for illness, injury, escape, or death of their pet, unless caused by proven gross negligence. Owner acknowledges risks including scratches, stress reactions, allergic responses, and behavioral changes.

26. Emergency Vet Authorization

Peka Paws Retreat may transport pet to a veterinary clinic and authorize care in the event of injury or sudden illness. All associated costs are the pet owner's responsibility.

27. Cancellation & Refund Policy

Less than 24 hrs before service: no refund

24 hrs – 7 days before: 50% refund

More than 7 days: 80% refund

More than 10 days: full refund

28. Media Release

Owner authorizes Peka Paws Retreat to use images/videos of their pet for promotional purposes unless otherwise specified in writing.

* Indicates required question

1. Email * _____

2. Pet name * _____

3. Gender * _____

4. Neutered/Spayed * _____

5. Age * _____

6. Any Specific Marking? * _____

7. Feeding Instruction? * _____



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8. Allergy? *

9. Injury? *

10. Aggression? Friendly with human? with other dogs? *

11. Any Information you want us to know: *

12. Disability? *

If you read all the information, and agree, please fill this form:

13. Pet Owner name *

14. Phone Number: *

15. Address: *

Pet(s) Parent(s) Signature * _____ **Date *** _____

16. ***Agents who can act on your behalf for all purposes under this Agreement:**

*** Agent 1 Name:** _____

17. **Relationship to Pet(s) Parent(s) *** _____

18. **Cell Phone *** _____

19. **Agent 2 Name:** _____

20. **Relationship to Pet(s) Parent(s)** _____

21. **Cell Phone** _____



Authorization to Release Veterinary Records

Authorization to Release Veterinary Records

PLEASE EMAIL the records requested below as soon as possible to Peka Paws

Retreat at:

 Saghar.darbeheshti@gmail.com

Attn: _____

Pet Parent Information:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Pet Information:

Name: _____ Breed: _____

Name: _____ Breed: _____

Name: _____ Breed: _____

Please include copies of:

- Vaccination Records
- Laboratory Reports
- Exam Reports
- Surgery Reports
- Pathology/Biopsy Reports
- Radiology/X-Ray Reports
- Entire Medical Record _____(Date Range)

I hereby certify that I am the owner (Pet Parent) or authorized agent of the Pet Parent of the above-described pet(s). Further, I hereby request and authorize this veterinarian to release the requested medical information for my pet(s) to Peka Paws Retreat and its successors. I release the veterinarian and staff from any legal responsibility or liability for the release of information to the extent indicated as authorized herein. This authorization expires 90 days from the date of signature. I understand I may revoke this authorization, but the revocation may not be applied retroactively once the information specified herein has been released.

PET PARENT SIGNATURE: _____

Date: _____



Medical Form

Medication Form

Pet's First Name: _____ Last Name: _____

Is your pet allergic to any food (human or pet)? Yes No

If yes, what? _____

Medication Name				Verified medication as acceptable: Associate Initials:
For what condition/ailment is the pet being treated?				
Is there any special way that you give your pet medication?				
Verify type of medication – count of prescription meds only	<input type="checkbox"/> Ointment Count:	<input type="checkbox"/> Oral Count:	<input type="checkbox"/> Other - Specify: Count:	
Is this medication to be administered regularly or on an "as needed" basis?	<input type="checkbox"/> Regularly scheduled	<input type="checkbox"/> AM Amount:	<input type="checkbox"/> Noon Amount:	<input type="checkbox"/> PM Amount:
	<input type="checkbox"/> As Needed	If you selected 'As Needed" – specify the maximum daily dosage/frequency:		

Medication Name				Verified medication as acceptable: Associate Initials:
For what condition/ailment is the pet being treated?				
Is there any special way that you give your pet medication?				
Verify type of medication – count of prescription meds only	<input type="checkbox"/> Ointment Count:	<input type="checkbox"/> Oral Count:	<input type="checkbox"/> Other - Specify: Count:	
Is this medication to be administered regularly or on an "as needed" basis?	<input type="checkbox"/> Regularly scheduled	<input type="checkbox"/> AM Amount:	<input type="checkbox"/> Noon Amount:	<input type="checkbox"/> PM Amount:
	<input type="checkbox"/> As Needed	If you selected 'As Needed" – specify the maximum daily dosage/frequency:		

Medication Name				Verified medication as acceptable: Associate Initials:
For what condition/ailment is the pet being treated?				
Is there any special way that you give your pet medication?				
Verify type of medication – count of prescription meds only	<input type="checkbox"/> Ointment Count:	<input type="checkbox"/> Oral Count:	<input type="checkbox"/> Other - Specify: Count:	
Is this medication to be administered regularly or on an "as needed" basis?	<input type="checkbox"/> Regularly scheduled	<input type="checkbox"/> AM Amount:	<input type="checkbox"/> Noon Amount:	<input type="checkbox"/> PM Amount:
	<input type="checkbox"/> As Needed	If you selected 'As Needed" – specify the maximum daily dosage/frequency:		

By signing, I give permission for Peka Paws Retreat limited to administer the above medications or supplements to my pet.

Pet Parent (signature): _____ **Date:** _____

