The Paw Room LLC

1200 e 68th ave unit 102 Anchorage, AK 99518 www.thepawroomak.com ph 907-887-9659

Registration Form

Owner's Name Owner's Name Phone Address City, State, Zip

Email Address

Name of Dog		Sex	F M	Age	Breed
Vaccinations	Parvo	Distemper	Rabies	Bordetella	(suggested not required)
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Vaccinations	Parvo	Distemper	Rabies	Bordetella	(suggested not required)
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Veterinary Clinic Veterinary Phone

Emergency Contact Name Emergency Contact Phone

Any junior handler (less than 18) must be accompanied by an adult

Facility Rules on following page must be signed by owner and any additional handlers

You may use pictures of my dog on your website and facebook page yes no thanks
I would like to be informed of special events at the facility yes no thanks
Please use this space to let us know any additional information about your dog or what you would like to use the PAW ROOM for

The Paw Room LLC reserves the right to alter the facility rules as needed for the safe enjoyment of all participants.

We also reserve the right to change pricing and scheduling options without notice. Any pre-paid services will be honored with the scheduling that was offered at the time of purchase, and refunds will be given if desired for any pre-paid services.

I understand the owners and staff of The Paw Room LLC are not trained in veterinary medicine or physical therapy

They will help any participating dog in any of the desired activities to the best of that dog's ability. If you

have any questions on the health of your dog please consult a veterinary doctor.

I knowingly and freely assume all risks associated with the activities described herein and assume full Responsibility for my participation in the activities at the Paw Room LLC facilities. In consideration for being allowed to use the premises, I agree to release, indemnify and hold harmless The Paw Room LLC and TKB, LLC, its directors, officers, employees, and agents from liability, loss or damage suffered by me or my dog arising out of the activities to be carried out on or around the Paw Room LLC facilities. I understand and agree that this consent and waiver is binding on my heirs, assigns, personal and legal representatives, and next of kin. A photocopy of this consent form shall be as valid as the original. Any information given is treated as confidential and will not be disclosed to any other parties.

Signature	Date
Signature	Date