

VISITOR AGREEMENT

Wagg Inn Pet Hotel, LLC 1162 Flight Way Drive, De Pere, WI 54115

This Agreement is made between Wagg Inn Pet Hotel, LLC (herein after "WIPH") and undersigned customer, who makes the following acknowledgements and agrees to the following terms:

- (1) I authorize Wagg Inn Pet Hotel, LLC (herein after referred as WIPH) to seek medical attention to my pet(s) to treat any and all medical conditions and concerns. I agree to pay for all medical expenses incurred as a result of medical treatment, and agree to reimburse WIPH in the event that WIPH incurs any costs involved in the procuring medical treatment for my pet(s).
- (2) I warrant and represent that my pet has no history of violence against people or other pets. I agree to indemnify and hold harmless WIPH in the event that my pet causes harm to a person or another pet(s) while in the care of WIPH. WIPH has the right to refuse any pet that does not meet temperament requirements.
- (3) If I choose to allow WIPH to provide food for my pet(s), that I will hold WIPH harmless from any result that may have been caused due to a change in diet. WIPH has the right to feed your pet their food if your pet runs out of their own during their stay.
- (4) To pay for any and all damage to the building or property at WIPH, over and beyond normal wear and tear. I agree to pay for the doggie bed (if provided) in his/her suite if chewed or torn by my pet.
- (5) I acknowledge that I am solely responsible for the spay and neutering of my pet(s). In the event of insemination, I agree to hold WIPH harmless of their actions, and agree to be solely responsible for all expenses as a result of insemination.
- (6) I agree to indemnify and hold WIPH harmless for any physical injuries, diseases, medical conditions or death of my pet(s) that may result from boarding, grooming or daycare at WIPH. I consent to allow my pet(s) in a common area in group situations and acknowledge the possibility that physical injuries could result, such as scratches, cuts, tooth marks, bruising, pulled muscles, broken nails, dog bites, sore or injured pads, hair missing, or contracting of diseases/infections (Ex: kennel cough, parvo, worms, fleas, etc) from other pets.
- (7) I agree that the admitting of my pet(s) to WIPH, it is my representation that my pet(s) is/are in good health and have no signs of contagious, and non-contagious, diseases/infections and no medical concerns to your knowledge. WIPH has the right to refuse any pet that does not meet health requirements or appear to have a medical condition.
- (8) I waive any and all claims, actions, or demands of any nature, foreseen or unforeseen, that I may have against WIPH relating to the care, control, health, and/or safety of my pet(s) arising during pick-up, transport, drop-off, and stay at their facility.
- (9) Payments are due by the end of each day or at the end of each boarding stay. No shows or cancellations are subject to be charged the full fee of their scheduled visit. A penalty of \$1.00 per minute will be assessed for late pick-up. There will be an additional \$5.00 fee for credit card transactions that are made over the phone and/or in person, when you do not have the card present. Current credit card, expiration date, and CVC numbers must be on file at all times and my signature on this agreement authorizes use of the card for payment.
- (10) This Agreement shall be a complete incorporation of the parties agreement, and shall be binding on both parties during the course of repeated services. The terms of this Agreement will be effective until revoked in writing by the Customer.
- (11) Any dispute arising out of this Agreement will be resolved in accordance with the laws of the State of Wisconsin, and litigated in Wisconsin State Court in Brown County, WI.
- (12) I agree to pay interest at a rate of 2% per month on any and all delinquent sums that I may owe unless prohibited by law.
- (13) By signing this Agreement, I acknowledge that I have read and understood all terms and agree to the terms and conditions contained herein.

Customer Signature _____ Print Name _____ Date _____

Credit Card # _____ Exp Date _____ CVC _____

(MasterCard, VISA, Discover accepted)