

Kennel Boarding Registration

Pet's Name:

Owner's Name:

Pet Weight:

Feeding Instructions:

Own Supply (Specify brand & flavor):

Cups per meal:

How many times a day: Twice Daily _____ Three Times Daily _____

Has your pet eaten today? AM _____ Noon _____ PM _____

Medication Name	Dosage	Frequency

Has your pet had his/her meds today? No _____ Yes _____

Medical Problems:

Does your dog have any health issues (i.e. diabetes, arthritis, etc.)? No _____ Yes _____

If yes, please describe:

Does your dog require any special treatment for the above condition(s)? No _____ Yes _____ If yes, please describe:

Has there been any changes to your pet's health or medical conditions since their last stay? (Example: vomit, diarrhea, limping, surgery, etc.) No _____ Yes _____ If Yes, please describe:

Body Checks are performed daily by our attendants. Does your dog have any lumps, warts, growths, incisions, sutures or staples that we should be aware of? No _____ Yes _____

If Yes, please describe and indicate location:

Does your dog have any allergies: No _____ Yes _____

If Yes, please specify:

Pet's Name: <animal> <client>

Has your dog been treated with flea/tick medication within the last 30/90 days or collar?

No _____ Yes _____

If yes, please indicate the brand & date the flea/tick medication was applied:

Is your dog a shredder? No ____ Yes _____

Is your dog afraid of thunderstorms or have any phobias? No _____ Yes _____

Daycare While Boarding _____

This is only for CURRENT daycare clients who have been to daycare outside of boarding within the last month. All dogs participating in daycare while boarding are subject to “rest” days at the discretion of the daycare attendants. Dogs are not eligible for group daycare if they are only planning to come during boarding stays.

Your pet's health and happiness is our primary concern. If the animal attendants notice a medical problem they will attempt to contact your emergency number. An emergency contact number MUST be provided upon checkin. The emergency contact person MUST be an adult, capable of making decisions for you regarding your pet's health and able to be reached within the continental U.S. Please note that whomever you choose as your emergency contact they are authorized to make medical decisions for your pet. You will assume all financial responsibilities for approved medical services provided during your pet's stay. Should a life threatening (critical) medical condition occur during their stay and attempts to reach your emergency contact are unsuccessful medical decisions regarding your pets care will be made by the doctor on duty. You will be responsible for all medical charges associated with the management of this event.

Emergency Contact and number:

Client Signature

Date

Consent to Treat Form – Boarding Canine and Social Media form

Account Number:

Pet Name:

Name:

Address:

Home Phone:

We would like to know how to proceed if your dog develops one of the more common medical problems that can arise while boarding. Our primary concern is ensuring your dog's comfort and his/her ability to receive rapid medical treatment should problems occur. The common boarding ailments below describe what initial measures are taken by the staff to remedy the problem. Should your dog not respond to these initial measures, further treatment may be warranted.

Common Boarding Ailments

Initial measures taken for these ailments

Stress colitis (diarrhea)	Fecal analysis; switch to a bland diet. My dog's diet can be altered. Yes__ No__
Kennel nose/ kennel paw	Clean area, apply topical antiseptic
Hot spot	Clean and shave area; apply topical antiseptic
Ear Infection	Clean ears with a non-medicated cleaner

Please select from one of the following options:

I give consent to have Pawsome Pet Resort & Boarding take initial measures to treat my pet for these conditions should they occur:

_____ I give my permission to have Pawsome Pet Resort & Boarding take initial measures to treat my pet for the above conditions or another urgent medical issue (as deemed by our medical staff) should they occur. If standard protocols do not correct the problem and an exam with the veterinarian is indicated, I do not need to be contacted first.

_____ I give my permission to have Pawsome Pet Resort & Boarding take initial measures to treat my pet for the above conditions or another urgent medical issue (as deemed by our medical staff) should they occur. If standard protocols do not correct the problem and an exam with the veterinarian is indicated, I would like to be contacted first.

_____ I would like to be contacted before any measures are taken to treat my pet for any condition, including the ones listed above. I understand that if neither I nor my emergency contact is reachable, or if my emergency contact does not give permission to treat until I am reached, Pawsome Pet Resort & Boarding will take the necessary steps to stabilize my pet and alleviate pain and discomfort until I am contacted.

The above conditions have been explained to me and I understand that I am responsible for all costs incurred for any exams, diagnostics and treatments provided.

Does your pet have any known drug or food allergies/ reactions? Yes__ No__

If "yes", please indicate suspect drugs or foods: _____

Please select whether you approve or decline to give us permission to use your pet's photos as outlined below:

Approve use **Decline use**

I hereby give Pawsome Pet Resort & Boarding permission to use photographs of my pet, on Facebook and other social media applications. I also grant permission for Pawsome Pet Resort to publish photographs of my pet for promotion of the organization in printed publications, photographic displays on the web-site.

Client Signature _____

Date _____

Date:

Pet Name:

Account Number:

Client:

Address:

Home Phone:

Appointment date: ____ / ____ / ____

Department: _____

Crate/Condo #: _____

TGH: ____ / ____ / ____

All animals are boarded, handled or cared for by us without liability on our part for loss or damage from disease, death, fire, injury to persons, other animals or property by said animals, or other unavoidable causes.

If an animal becomes seriously ill, we will attempt to notify the owner or emergency contact person. In the event the owner does not immediately inform us of desired measures to be taken, or if the state of the animal's health demands immediate action, we reserve the right to have our veterinarians administer necessary medical treatments within our discretion or judgment. Such expenses shall be paid for by the owner upon dismissal of the animal.

We are not responsible for the loss or damage of any belongings, such as blankets or toys that are brought in with the animal.

The owner represents that he/she is the legal owner of said animal and that said animal is not mortgaged in any way. The above mentioned animal(s) has/ have not been exposed to distemper, parvo virus, rabies or kennel cough within the last 30 days.

I have read and been advised of common boarding ailments that may occur during boarding. I understand these protocols and the measures that will be taken should my pet become ill. I agree to pay all associated fees that may incur due to medical treatment provided by Pawsome Pet Resort & Boarding upon dismissal of my pet.

Client Signature: _____ Date: _____
(owner or appointed guardian of animal)

This contract is legally binding and will be a part of the animal's permanent record

_____ **Please initial you are aware of our flea or tick policy:** Pawsome Pet Resort & Boarding strives to be a flea free facility. If your pet has any fleas, they will be given a flea bath at your expense of an additional \$10.00. Ticks will be removed at an additional charge depending on how many are removed and you will be notified if any are found at pick up.

Signature: _____ Date: _____