

# PAW SPRINGS PET RESORT & SPA REGISTRATION FORM

(Please Print)

Today's date:			Attendance Date:		
<b>CLIENT INFORMATION</b>					
Owners Last name:		First:		<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
Spouse or Alternate Contact					
SPAYED/NEUTERED?	DOG NAME		BREED TYPE		Birth date:
<input type="checkbox"/> Yes	<input type="checkbox"/> No			/ /	
Age:					
Sex: <input type="checkbox"/> M <input type="checkbox"/> F					
Street address:			Home Phone:		Cell Phone:
			( )		( )
P.O. Box:		City:		Prov:	Postal Code:
Email Address				Work Phone:	
				( )	
How did you hear about us?			Referral/Customer? <input type="checkbox"/>		
			<input type="checkbox"/> Google - WEB <input type="checkbox"/> Facebook		
<input type="checkbox"/> Family	<input type="checkbox"/> Friend	<input type="checkbox"/> Your Vet Clinic?	<input type="checkbox"/> Yellow Pages	<input type="checkbox"/> Other	
Other family members seen here:					

<b>VETERINARY - MEDICAL - PROFILE INFORMATION</b>					
(Current Copy of Vaccinations are required to attend Paw Springs.)					
Veterinarian:		VACC Date:		CLINIC NAME	
		/ /			
Does your dog have any chronic disease or health issues?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
CONDITION	MEDS?	SPECIAL INSTRUCTIONS		AGED OR SENIOR DOG?	
TYPE OF FOOD		PORTION		MEDS?	
Does your dog have insurance?			Maximum Authorized Amount for Emergency Care \$ _____		
<input type="checkbox"/> Yes <input type="checkbox"/> No (if no)					
Does your dog have any Allergies or Food Sensitivities?	<input type="checkbox"/> Meats or Animal Proteins?	<input type="checkbox"/> Grains or Dairy Foods?	<input type="checkbox"/> Skin Cond. or Coat Issues?	<input type="checkbox"/> Shampoo?	<input type="checkbox"/> Other?
Behavioral Issues/Concerns?	Any Altercations?	Medical Required?	Energy Level?	Any Fears?	Any Loves?
Has your dog ever attended any of the following?		<input type="checkbox"/> Other Boarding Facility?	<input type="checkbox"/> Daycare	<input type="checkbox"/> Dog Park or Off Leash	<input type="checkbox"/> Formal Trainer or Agility

Where does your dog Sleep?	Has your dog ever been crated or boarded?	Separation Issues?	Destructive Issues
Would you describe your dog as: <input type="checkbox"/> Friendly <input type="checkbox"/> Playful/Outgoing? <input type="checkbox"/> Reserved or Shy <input type="checkbox"/> Confident/Dominant			

**IN CASE OF EMERGENCY**

Name of local friend or relative (if unable to reach owner):	Relationship to patient:	Home phone no.: (    )	Cell phone no.: (    )
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Please provide us with the following credit card information. Your card will not be charged for any purpose other than:

- 1). Your request for deposit or settlement of account or
- 2). Emergency care for your dog.

CC Type: \_\_\_\_\_ CC# \_\_\_\_\_ CC EXPIRY \_\_\_\_\_ CCV CODE \_\_\_\_\_

**Deposit & Cancellation Policy:**

A \$50 deposit is required for any reservation of 4 days or more, or during PEAK BOARDING SEASON (ie: Statutory Holidays, Christmas/Easter, etc.). There is a 2 week cancellation requirement or forfeit your deposit. The deposit will be applied to your bill upon check out. As we turn away many other potential guests to hold your spot – please be considerate and provide proper notice to cancel your reservation.

**ACKNOWLEDGEMENT OF RISK AND RELEASE**

I understand that despite PAW SPRINGS efforts to maintain the health and safety of all guests, there are certain risks involved in open concept boarding/daycare. These risks include but are not limited to my dog being injured during an altercation with another dog or my dog contracting lice/mites, kennel cough or some other communicable illness. I understand, and voluntarily accept these risks and release PAW SPRINGS and it's representatives from any and all claims arising out of such injury or illness and I will be responsible for my dogs veterinary bills or any other costs related to such injury or illness. I understand and agree that if my dog attacks and injures another dog (an altercation between dogs that is one-sided and my dog is at fault), I will be responsible for paying for any damage caused to that dog.

**GUARDIANSHIP OF YOUR PET**

In the event of a medical emergency, PAW SPRINGS will attempt to contact myself or my veterinarian, however, such an emergency might not provide the time to do so prior to the administration of care. I therefore grant authority to PAW SPRINGS to attain medical treatment for my dog(s) or to transport my dog(s) to a veterinarian. I grant PAW SPRINGS or its representatives guardianship of my pet and permission to authorize medically necessary treatment to my dog(s) in my absence to a maximum amount of \$ \_\_\_\_\_

**AGED/SENIOR or PETS WITH CHRONIC MEDICAL ISSUES**

In the event of a serious illness, injury or chronic/acute medical episode, I grant permission to PAW SPRINGS the authority and guardianship to instruct a veterinarian to humanely euthanize my dog(s) if I am unable to be contacted prior to such a terminal event.

Initial \_\_\_\_\_

I represent that my dog is currently in good health and has not had any communicable illness of any kind for one week prior to attending PAW SPRINGS. I represent that my dog does not have a history of aggressive behavior towards other dogs or humans.

I warrant that I am at least 18 years of age and that I have the full, complete and un-restricted right and authority to enter into this release.

\_\_\_\_\_  
Owner/Guardian Signature

\_\_\_\_\_  
Date