

# Pet Hotel

## DOG GUEST REGISTRATION

Pet name(s): \_\_\_\_\_ Client name: \_\_\_\_\_

e-mail address: \_\_\_\_\_

Emergency contact- name and phone number- while I'm away from home: \_\_\_\_\_

Anticipated check in date \_\_\_\_\_ anticipated check out date \_\_\_\_\_ Check Out Time \_\_\_\_\_

Will your pet have personal belongings? yes / no

if yes, please describe: \_\_\_\_\_

Is your pet currently on medication? yes / no YOU MUST PROVIDE THE MEDICATION TO BE GIVEN

if yes, please give name, amount. How Much and How Often? \_\_\_\_\_

Does your pet have any known Allergies or Medical Conditions? yes / no

if yes, please describe: \_\_\_\_\_

### PLEASE READ AND INITIAL THE FOLLOWING CONDITIONS:

#### HEALTH REQUIREMENTS:

All pet guests must be current on vaccines or titers and free of internal parasites (worms), fleas, and ticks.

If necessary, pets will be vaccinated and/or treated for parasites at the owner's expense.

Yearly exams are required by one of our doctors.

Vaccines Recommended 2 weeks prior to stay but can be given at time of stay.

#### **REQUIREMENTS -- DOGS: \*\***

RABIES - CURRENT (1-3 years depending on age)

DISTEMPER-PARVO VACCINE OR TITER within one year

BORDETELLA VACCINE within six months

\*\* Medical Waivers for Vaccines are granted on a case by case basis.

#### **REQUIREMENTS -- CATS: \*\***

RABIES VACCINE in last 3 years

FVRCP-PNEUMONITIS vaccine or titer within one year

FELV negative test or current series vaccines in last year

### EMERGENCY CARE: PLEASE INITIAL ONE OPTION-

If my pet becomes ill or shows signs of an illness during his/her stay, I UNDERSTAND HE/SHE WILL BE EXAMINED AND STABILIZED AND THE COSTS CHARGED TO THE CLIENT. Once evaluated or stabilized, I specifically authorize the following additional actions:

\_\_\_\_\_ ONLY life saving treatment until the doctor can reach myself or my contact person.

\_\_\_\_\_ ANY necessary treatment that the doctor feels is needed in the best interest of my pet.

\*\*\*\*\* Any treatment for my pet may not exceed an amount of: \$ \_\_\_\_\_

#### DAILY ROOM RATES:

please check your preference:

\_\_\_\_\_ Pet Suite - Standard Suite \$50

\_\_\_\_\_ VIP Pet Suite (Very Important Pet) \$55

\_\_\_\_\_ Presidential Pet Suite \$60

\_\_\_\_\_ Playtime (additional) \$6

\_\_\_\_\_ Second pet in same suite 10% discount

\_\_\_\_\_ Thanksgiving Holiday \$60 / Night

\_\_\_\_\_ Christmas Holiday \$60 / night

\_\_\_\_\_ Holiday VIP Suite = \$60 and Presidential Suite = \$65.

#### **Available upgrades: extra walks, playtimes, special treats, diets and medications**

\_\_\_\_\_ TLC Deluxe Package - canine \$ 6 per day \_\_\_\_\_ BATH on day of checkout(dogs) \$42-52.50

\_\_\_\_\_ TLC Puppy Package - canine \$ 6 per day \_\_\_\_\_ Courtesy bath after 3 night stay \$0.00

\_\_\_\_\_ TLC Senior Package - canine \$ 6 per day \_\_\_\_\_ Anal Gland Expression \$ 28.10

\_\_\_\_\_ Daily medication given only \$ 6 per day \_\_\_\_\_ Ear Cleaning \$ 57.20 (both)

\_\_\_\_\_ Extra walk \$ 4 per day \_\_\_\_\_ Doctor's Exam \$ 60

\_\_\_\_\_ Dental Cleaning Package \$ 261.50-419 \_\_\_\_\_ Pedicure (Nail Trim) \$ 21 +

I understand that a non-refundable deposit is required. I understand that full payment is required at the time of check-out.

I understand that abandonment does not relieve me of financial responsibility.

Signature & Date \_\_\_\_\_