



PHONE: 305.477.6626 • FAX 305.591.0674 • 9831 NW 58 St., Ste 139 • Doral, FL 33178

**OWNER INFORMATION**

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Cell/Pager: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Number where you can be reached while you are away: \_\_\_\_\_

**Emergency Contact (Local):**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Person(s) authorized to pick up pet if you are unable to:

Name(s): \_\_\_\_\_

Phone(s): \_\_\_\_\_

**How did you hear about us?** \_\_\_\_\_

**VET INFORMATION**

Veterinarian's Name: \_\_\_\_\_

Hospital Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_



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Pet's Name: \_\_\_\_\_

Sex: \_\_\_\_\_ Breed: \_\_\_\_\_

Color(s): \_\_\_\_\_ Date of Birth: \_\_ / \_\_ / \_\_

Has your pet ever boarded before? \_\_\_\_\_ If so, where? \_\_\_\_\_

Tattoo/Microchip #: \_\_\_\_\_

Distinctive Markings: \_\_\_\_\_

Check one:

Neutered Male     Spayed Female     Unaltered, under 8 months old

*(Dogs over 8 months old MUST be neutered or spayed)*

Method of flea control: \_\_\_\_\_

### **PET'S PERSONALITY**

- |   |  |
|---|--|
| <input type="checkbox"/> Problems with boarding or doggie day care in past? | <input type="checkbox"/> Protective over food and/or toys? |
| <input type="checkbox"/> History of destructive chewing?                    | <input type="checkbox"/> Aggressive toward other pets?     |
| <input type="checkbox"/> Aggressive toward people?                          | <input type="checkbox"/> History of biting a person?       |
| <input type="checkbox"/> Fear Biter?  | <input type="checkbox"/> Constant barker or whiner?        |
| <input type="checkbox"/> Climbs fences?                                     | <input type="checkbox"/> History of being abused?          |
| <input type="checkbox"/> Other? _____                                       | <input type="checkbox"/> Separation anxiety?               |

What activities does your pet enjoy?

\_\_\_\_\_



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**PET'S FEEDING SCHEDULE**

We provide the food. If your pet is on a special diet we recommend that you bring your own food, if you choose not to bring your own food, we will not be responsible for problems caused by suddenly changing your pet's diet. A morning and evening feeding are included in the boarding price. Any additional feedings will be \$1.00 extra.

**Describe how you feed, include amount of dry or wet food:**

- Morning: \_\_\_\_\_
- Afternoon: \_\_\_\_\_
- Evening: \_\_\_\_\_

**Include brand of food below:**

- Dry Food: \_\_\_\_\_  Wet food: \_\_\_\_\_
- Pre-packaged Food: \_\_\_\_\_
- Medications/Vitamins inside pre-packaged food: \_\_\_\_\_



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**PET'S HEALTH**

Has your pet ever been diagnosed with heartworms? \_\_\_\_\_

If so, when: \_\_\_\_\_

Has your pet ever had fleas? \_\_\_\_\_ Or ticks? \_\_\_\_\_

If so, when: \_\_\_\_\_

Has your pet ever been diagnosed with "kennel cough"? \_\_\_\_\_

If so, when: \_\_\_\_\_

Describe any medical conditions, surgeries, or physical impairments: \_\_\_\_\_

\_\_\_\_\_

MEDICATIONS: \_\_\_\_\_

Allergies? \_\_\_\_\_

Seizures? \_\_\_\_\_ When? \_\_\_\_\_ How Often? \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_



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**VACCINATIONS**

We require proof of these vaccinations (Fax: Add as last page).

**Please list the most recent date of the following vaccinations:**

<b>Canine</b>	<b>Feline</b>
DHLPP + C:	Rabies:
Rabies:	FVCRP:
Bordatella:	FELV:
Parvo:	Feline Leukemia:

If in our judgment, your dog requires medical care, you agree to be solely responsible for the payment of all medical bills for your dog and you release Pet Spa, its officers, directors, agents, and employees (“Pet Spa”) of and from any and all responsibility for, or claims, damages, debts, arising out of or related to such medical care, including but not limited to, transportation to/from the veterinarian clinic and choice of veterinarian or animal hospital.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_



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### **BATH PRICES**

Prices for our spa services are based on your dog's breed. The Basic Spa includes bathing with an all-natural shampoo and conditioner, clipping the nails, cleaning the external ear, expressing the anal glands, blow drying and brushing. The Full Spa includes everything found in the basic spa with the addition of grooming services. Other services may be added at owners request or if absolutely necessary.

### **DOG HOUSE RULES**

All dogs must be on a leash when entering our facility. All cats must be in a carrier. To expedite your check in time, please fax, mail, or bring in your registration form and proof of vaccinations to us prior to check in. Please allow 10 minutes for the check in process.

Note: To better serve you, Pet Spa suggests a day of daycare before your dog's first boarding stay. This allows you to become comfortable with our procedures, and your dog to become familiar with us.

**Fleas and Ticks:** To ensure that we maintain a flea and tick free environment, no bedding or fabric toys may be brought from home. You may purchase new toys from us, or bring them new. Pets will be inspected for fleas and ticks upon check in. If fleas or ticks are found, it is our right to deny boarding services, and ask that the owner arrange for the pet to be picked up.

**Hours of Operation and Check in:** We are open Monday -Friday, 8 am to 5 pm and Saturday from 8 am to 5 pm.

**Tours:** By appointment only, Monday - Friday 9 am to 5 pm.



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**In Case of Emergency:** The pet owner will be notified immediately. Emergencies will be transported to the customer's veterinarian if within a reasonable distance. Depending on the situation and time of day, emergencies may need to be transported to the nearest available hospital.

**Deposits:** We require a \$100 deposit to hold reservations. This deposit will be credited to your balance at checkout.

**Cancellations:** Deposit(s) will ONLY be refunded if notice of cancellation is received no later than 7 days prior to scheduled arrival date.

**Medication & Vitamins:** We charge \$5.00 per medication and \$15.00 per insulin injection (each application) per day.

**Checkout:** We charge by the night, which begins at 5:00 pm and ends at 5:00 pm the next day. After 5 pm, another night will be charged.

**Mandatory Checkout Bath:** A mandatory bath for all canine and feline guests is given prior to checkout. Please understand the mandatory bath is for your protection as well as ours. The bathing and drying process includes a detailed inspection to assure that your dog is leaving our facility in the same if not better condition than when he/she checked in.

**Early Checkout:** If you would like to pick up your pet earlier than your scheduled pick up time, you must give us a 2-hour notice. We will do our best to accommodate you.

However, on high volume check out days, early checkouts may not be possible and are not guaranteed. The check out bath is mandatory.



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**Late Checkout:** If you do not pick up your pet on your scheduled pick up day, and we are booked, there will be an additional \$50.00 fee for each additional night. Please remember that there are other reservations scheduled.

**Payment:** Payment must be received at the time of checkout. We accept the following forms of payment: Visa, MasterCard, American Express, Discover, ATM, Diners Club, and Cash. We do not accept checks.

Name of Cardholder: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Exp Date: \_\_\_\_\_

I have read, understand, and agree to the above policies.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

*PLEASE REMEMBER TO READ, SIGN AND DATE THE WAIVER OF LIABILITY AND CONSENT TO MEDICAL TREATMENT (On page 9)*



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### **WAIVER OF LIABILITY AND CONSENT TO MEDICAL TREATMENT**

I, \_\_\_\_\_, certify that I am the owner of \_\_\_\_\_, who is a \_\_\_\_\_ . As consideration for my pet being allowed to participate in the services, programs and activities offered at The Petspa Corporation, I agree to waive, discharge and covenant not to sue The Petspa Corporation along with its owners, officers, directors, board members, supervisors, agents, shareholders, predecessors, successors, assigns, affiliated companies and their respective officers, servants or employees (collectively referred to here as "release") from any and all liabilities, claims, demands, or causes of action that may arise from or be related to any loss, damage, or injury, including death, that may be sustained by my pet while my pet is participating in The Petspa Corp.'s services, programs or activities or while my pet is on the premises or surrounding areas of The Petspa Corp.

I am fully aware of the risks when dogs play "rough house" and socialize with one another; that a bite, scratch, cut or fight can result during normal activity. I am fully aware that accidents can and do happen, such as but not limited to: dog scratches, or injuries resulting from sudden movements when being groomed, running or rough housing.

I am fully aware of the risks connected with participating in the programs and activities at The Petspa Corp. I voluntarily assume full responsibility for any risk of loss, property damage, injury, disease, running away, theft, catastrophes, fire, flood; injury to persons, injury from other pets, and death, that my pet may sustain as a result of participating in The Petspa Corp.'s services, programs and activities, however caused. I further agree to indemnify and hold harmless the releasee from any loss, liability, damage or cost, including court costs and attorneys' fees that may accrue related to my pet's participation in The Petspa Corp.'s services, programs and activities, however caused.

While my pet is attending The Petspa Corp., I give permission for the staff of The Petspa Corp. to administer appropriate medical attention to my pet in the event of any accident, illness, or injury. I will be responsible for any and all costs of medical care and treatment that may be provided, except for care and treatment covered by my insurance. This instrument shall be binding upon the members of my family, my spouse, and my heirs, assigns and personal representatives. This instrument shall be governed by the laws of the State of Florida.

I certify that I have read and fully understand the above waiver and consent form. I certify that I am signing this form freely and voluntarily and that I understand that by signing this form I am giving up substantial rights. I certify that all blanks or statements requiring insertion or completion were filled in before I signed.

Dated: \_\_\_\_\_

Name: \_\_\_\_\_