

The Pet Inn, Spa & Wellness Centre

Guest Profile

**Please Complete This Form Entirely*

Owner's Name : _____ Address _____
City : _____ Province : _____ Postal Code : _____
Home Phone : _____ Business Phone : _____
Cell Phone : _____ Email : _____

Dog's Information

Name of Dog(s) : _____ Breed(s) : _____
Weight : _____ Color : _____ Birth Date : _____

Check where appropriate:

- | | | |
|----------------------------------|---------------------------------|--|
| 1. <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> Spayed / Neutered |
| 2. <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> Spayed / Neutered |
| 3. <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> Spayed / Neutered |

Method of flea, tick, Heartworm control:

Product Name: _____ Date Last Given: _____

Is your dog housebroken? Yes No

Has your dog ever had kennel cough? Yes No

Has your dog been ill in the last 30 days? Yes No

If yes, please explain: _____

Has your dog had surgery in the past year? Yes No

Has your dog ever attended daycare or been boarded in a cage-free environment? Yes No

If yes, which kennel? _____

Does your dog go to the dog park? Yes No

Has your dog ever exhibited aggressive behavior towards people or other dogs? Yes No

If yes, please explain : _____

The Pet Inn, Spa & Wellness Centre

Has your dog ever been injured as a result of being at the dog park, dog daycare or playing with another dog?

Yes No

How do you discipline your pet? _____

Eating Habits

Type and Brand of food _____

How much per feeding _____ How Often _____

Circle your dog's eating habits:

Eats all food at mealtime Nibbles throughout day

Goes for periods without eating Sometimes requires more palatable food to be mixed in to eat

Does your dog eat or chew on his bedding? Yes No

Medical Emergency Information

Veterinarian's Name : _____ Phone : _____

Address : _____ City : _____

1. Vaccinations

Please list the current expiration dates for the following vaccinations (required upon check-in):

Rabies _____ DHLPP _____

Bordetella (suggested every 6 months) _____

2. Please describe any medical or physical problems, including allergies:

3. Emergency Contact (other than owner) :

Name : _____ Phone : _____ Relationship : _____

4. Emergency Medical Care

If, in our judgment, your dog requires immediate medical care and we are unable to reach you, we will take your dog to a veterinarian or animal hospital.

By signing below, you confirm that the above is correct to the best of your knowledge, and that you will provide further information upon future visits.

Signature _____ Date _____

The Pet Inn, Spa & Wellness Centre Client Agreement

PLEASE READ AND INITIAL EACH ITEM

Initials ____ The Pet Inn, Spa & Wellness Centre reserves the right to immediately change your dog's type of boarding/daycare if we believe it is necessary to protect the health and well-being of your dog, other dogs, or our staff.

Initials ____ Dogs are generally very social, either with other dogs and/or people. Due to this fact, while The Pet Inn, Spa & Wellness Centre does do long-term boarding stays, we will not allow dogs to remain in their room for long periods of time. Therefore all dogs who are boarding with us will be signed up for some form of social activity (personal playtime, daycamp or an additional walk) after the third night of any boarding stay, if they are not already signed up for one of the aforementioned activities on some form of basis.

Initials ____ All dogs must be healthy, and current on all vaccinations. You will be required to bring a copy of your dog's updated vaccination records from your vet before you start daycare or board with us to ensure your dog's safety as well as that of our other guests. In specific, the Bordatella vaccine must have been given at least 10 days prior to any boarding/daycare stay with us if it is done via needle. If it was done thru the nose, 3 days must be given.

Initials ____ Dogs with flea or tick problems will be bathed at the owner's expense.

Initials ____ The house brand of dog food is Acana/Orijen. If you are feeding any other food, we strongly recommend you to bring it with you. Changing dog food may cause severe upset stomach and/or diarrhea.

Initials ____ Owners are welcome to bring their own blankets or toys if desired, however we cannot guarantee that they will be returned in the same condition or at all. We provide bedding, therefore we ask that you please leave those at home unless you feel it is critical to your dog's stay. As stated above, we can't guarantee that any item goes home in the same condition or at all.

Initials ____ If dog becomes ill or if state of the animal's health otherwise requires professional attention, The Pet Inn, Spa & Wellness Centre, in it's sole discretion, may engage the services of a local veterinarian or provide appropriate medical attention to the animal and any and all expenses thereof shall be paid by the owner.

Initials ____ Owner is aware that by leaving said pet at he Pet Inn, Spa & Wellness Centre, or any other pet facility, said pet is at a higher risk of contracting canine cough, viruses, or acquiring nicks, cuts and possibly punctures. While we have taken special care in designing our facility and maintaining a high standard of cleanliness and safety, no vaccine is 100% guaranteed.

Initials ____ I understand that I am solely responsible for any harm or damage caused by my dog(s) to persons or property of the Owners, employees and invitees of The Pet Inn, Spa & Wellness Centre, or any other pets housed or visiting The Pet Inn, Spa & Wellness Centre while my dog(s) is/a re attending The Pet Inn, Spa & Wellness Centre.

You release, indemnify, and agree to hold The Pet Inn, Spa & Wellness Centre harmless from any and all manner of damages, claims, loss, liabilities, costs or expenses, causes of actions or suits, whatsoever in law or equity, (including, without limitation, attorney's fees and related costs) arising out of or related to the services provided by The Pet Inn, Spa & Wellness Centre

Owner acknowledges and understands that there are certain risks involved in pet ownership, training, and care, including, but not limited to, dog fights, dog bites to humans and/or other pets and the transmission of disease. With Owner's signature below, he/she understands the risk involved in putting his/her pet in a cage-free environment and acknowledge and accept exclusive and sole responsibility for all medical expenses to said pet no matter the cause. Owner also authorizes the release of said pet's medical records from pet's veterinarian.

By signing this contract and leaving pet with The Pet Inn, Spa & Wellness Centre, owner certifies to the accuracy of all information given about the pet. Furthermore, owner has read and understands all procedures and policies included herein.

Signature _____ **Date** _____