

# REGISTRATION FORM

DATE: \_\_\_\_\_

## PERSONAL INFORMATION

Last Name: _____		First Name: _____	
Address (mailing): _____			
City: _____		State: _____	Zip: _____
PHONE: Home _____ Mobile _____ Work _____ EMAIL _____		PREFERRED CONTACT METHOD: <input type="radio"/> Send reminders by email <input type="radio"/> Call by Phone <input type="radio"/> Facebook <input type="radio"/> Text Message	

## PET PROFILE

Pet's Name: _____		<b>Please provide proof of the following Vaccinations:</b>  <b>DOG: Rabies; Distemper/Parvo combo; Bordatella;</b> <i>All dogs must be on Heartworm and Flea/Tick Preventative.</i>  <b>CAT: Rabies; Distemper; Feline Leukemia and Aids Test</b> <i>We recommend that your cat be on a flea preventative.</i>
Breed: _____		
Color: _____		
Age: _____ or D/O/B _____ Weight: _____ (approximate)		
SEX: <input type="radio"/> Male <input type="radio"/> Neutered <input type="radio"/> Female <input type="radio"/> Spayed		
Are there other pets from the same family? <input type="radio"/> YES <input type="radio"/> NO (If yes, please fill out separate Registration Form for each pet)		

## PET PERSONALITY

- Aggressive with people       Aggressive with animals       Barker       Digger
- Biter       Chewer       Hyper
- Keep leash on (fence jumper)       Shy       Scared of Noise

Does your pet engage in any unusual or repetitive behavior?     Yes     No

If yes, explain: \_\_\_\_\_

Has your pet ever bitten a person?     Yes     No      Bitten another dog or animal?     Yes     No

If yes, explain: \_\_\_\_\_

Does your pet suffer from Separation Anxiety?       Yes       No

If yes, explain: \_\_\_\_\_

Any additional information you would like us to know about your pet: \_\_\_\_\_

**INFORMATION ABOUT YOU AND YOUR PET**

**PAGE 2**

PET'S NAME: \_\_\_\_\_

1. Does your pet suffer from any of the following? If they do this WILL NOT cause us to refuse service to them. Our staff is trained in *Pet First Aid* and we need to know how to assist them should they have a problem.  
Arthritis                     YES                     NO  
Joint Problems             YES                     NO  
Hip Dysplasia             YES                     NO  
Seizures                     YES                     NO
  
2. Are they on any medication?     YES     NO  
If yes, please list current medications: \_\_\_\_\_  
\_\_\_\_\_
  
3. List of any known allergies (Food/ grass): \_\_\_\_\_
  
4. Do any of their health conditions limit their activities?     YES     NO  
If yes, please explain: \_\_\_\_\_
  
5. Does your pet have any formal obedience/good manners training? (not required by us, we just want to continue it while they are with us);     YES     NO
  
6. What commands, if any, does your pet understand? \_\_\_\_\_
  
7. Please detail any other information about your pet that you feel would be helpful or important to our staff (such as: likes to be outside more than inside, loves to sleep all day, is a "frisbee" fanatic). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
8. **OVERNIGHT GUEST: How do we feed your pets:**  
  
MORNING:            Dry \_\_\_\_\_            Wet \_\_\_\_\_    (Amounts – cups, tablespoons?)  
  
AFTERNOON:        Dry \_\_\_\_\_            Wet \_\_\_\_\_    (Amounts – cups, tablespoons?)  
  
EVENING:            Dry \_\_\_\_\_            Wet \_\_\_\_\_    (Amounts – cups, tablespoons?)
  
9. Is your pet allowed to have our treats? (we use grain free):     YES     NO
  
10. Does your dog get along with cats?     YES     NO

**BEST PALS PET RESORT, LLC.  
CLIENT AGREEMENT  
PAGE 3**

Pets may, without warning, bite or cause injury to humans and other pets. I acknowledge and understand that there are certain risks involved in participating in daycare or boarding, including, but not limited to: pet fights; pet bites to humans or other pets; and the transmission of disease. I acknowledge that every pet reacts differently and that animals, by nature, are unpredictable.

**PLEASE READ AND INITIAL EACH STATEMENT BELOW:**

- ( ) I agree to pay for all services due at DROP OFF. I understand any unpaid fees by me will be sent to collections and I will be responsible for all collections and legal fees incurred by such actions.
- ( ) I understand that by admitting my pet(s) to BEST PALS PET RESORT, LLC. (BPPR), I am granting permission for my pet(s) to co-mingle and socialize with other pets, with supervision by staff.
- ( ) I understand that pets unfamiliar with BPPR may, at first, experience separation anxiety.
- ( ) I understand that higher levels of activity may result in sore muscles, joints or fatigue and that outdoor play could result in sore paws, bruises or abrasions on their feet. (Our staff will do what they can to relieve any discomfort they may have.)
- ( ) As indicated on Page 1 and 2 of this Registration Form, I certify that my pet's personalities have been correctly represented.
- ( ) I further certify that my pet is in good health and has not been ill with any communicable disease within the last 30 days.
- ( ) I grant BPPR full power of decision concerning the care and well-being of my pet(s). I understand that BPPR will make every effort to contact me; however, should any medical emergency arise and I am unreachable, it is agreed that BPPR can and will make any needed decision concerning medical treatment and choice of caregiver. I agree to pay for said emergency medical treatment as long as it does not exceed \$ \_\_\_\_\_. ALL FURTHER MEDICAL COSTS ARE MY COMPLETE RESPONSIBILITY. (This may include transportation to and from the veterinary facility.)
- ( ) Transportation costs inside the DeFuniak Springs area are \$20.00 per trip. Transportation expenses outside of DeFuniak Springs are \$40.00 per trip.
- ( ) I hereby hold harmless BEST PALS PET RESORT, LLC their successors and assigns, from and against any and all claims, causes of action, demands, losses, costs, damages, and expenses (including without limitations, expenses of litigation, court costs, and attorney's fees) in any way arising from or connected with liabilities arising in any manner therefrom.
- ( ) I understand that when I bring my pet(s) into the facility there will be an inspection for fleas. If fleas are found, my pet(s) will automatically be given a CAPSTAR to kill the fleas and I will be charged an additional \$10.00.
- ( ) I understand that if my pet damages the dog suite and this causes the establishment to be unable to use said suite; owner can be charged 65% of the boarding fee not to exceed 5 days.

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SIGNATURE

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DATE

**BEST PALS PET RESORT, LLC.**  
**RULES AND REGULATIONS**  
**PAGE 4**

1. BPPR agrees to exercise due diligence and reasonable care, and to keep the premises sanitary and properly enclosed. All pets are handled or cared for by our trained staff without liability on our part for loss or damage from disease, theft, fire, death, escape, injury or harm to persons, other pet(s) or property by said pet, or from other unavoidable causes.
2. Should any pet become ill or seem to be in need of medical attention, within the sole discretion of the BPPR staff, we reserve the right to administer aid and/or use the veterinarian specified by the owner (if possible) or any other veterinarians, if necessary to save the life of your pet(s). The owner will be notified, if possible, and any expenses so incurred shall be paid by the owner of said pet(s) which could include other fees for services provided by our facility.
3. Owner agrees to pay the rate for services in effect on the date their pet is checked into our facility. Prices are subject to change at any time, without notice. ***Payment is due in full at drop off. We do not provide refunds for early pick up unless there is a medical or weather emergency in OUR area.***
4. ***Boarding reservations require a credit card on file. If a cancellation is made within 48 hours of a reservation, a fee of 30% of your reservation will be charged to your card on file.***
5. Pets must be in good general health and remain current on RABIES, DHLPP, and BORDATELLA vaccinations, according to their veterinarian's recommendations, when dropped off for any service provided at or by BPPR. ***The Owner must provide written proof from their veterinarian of all required vaccinations, prior to the pet's first visit; when vaccinations are updated; and/or annually. Pets must also be on a prevention program for fleas and ticks, or when specifically requested by BPPR. BPPR reserves the right to refuse service or admittance to any pet for any reason.***
6. ***Owner agrees to pick up their daycare pets by 6:00 PM.*** Late pick-up will incur additional fees of \$15.00 per 30 minutes unless other arrangements have been approved by BPPR. If pet is not picked up by 6:00 PM, an additional Boarding fee will be attached, and they will have to remain boarded till opening the next morning. **OUR GATES CLOSE AT 6:00 P M!**
7. Owner agrees that their pet(s) may be photographed, videotaped, and/or recorded. BPPR shall be the exclusive owner of said photographs/videos and can be used in our advertising, web-site or other publications.
8. ***SUNDAY DROP OFF OR PICK UP: There will be an additional fee of \$40.00 incurred if client must drop off or pick up their pets on Sundays; time for this will only be allowed between 4:00 and 6:00 pm. The lobby is closed on HOLIDAYS.***

I, the undersigned, have read over the Rules and Regulations and have been provided the opportunity to have all my questions answered. I understand these Rules and Regulations and agree to comply with them. I further understand that it is my responsibility to inform anyone who will be assuming responsibility for my pet(s), including drop-off and pick-up, of the above Rules and Regulations.

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

PRINTED NAME: \_\_\_\_\_ PET'S

NAME: \_\_\_\_\_



## Emergency Contact List

**In the event that something causes you to be incapacitated or worse we need to have the following information:**

Please list at least three emergency contacts as a precaution for an emergency that may happen to you (their owner/s), we can contact for pick up/placement.

Owner's Name (last, first): \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

Preferred Emergency Vet Hospital: \_\_\_\_\_

Emergency Contact 1: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name (first & Last)

Emergency Contact 2: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name (first & last)

Emergency Contact 3: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name (first & last)

Should we need to take your fur baby to the vet or emergency vet, how much are we permitted to use \_\_\_\_\_?

List any additional information you would like to be done if there is an emergency:

\_\_\_\_\_

\_\_\_\_\_

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