

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: _____		Please provide proof of the following Vaccinations:	
Breed: _____		DOG: Rabies; Distemper/Parvo combo; Bordatella; <i>All dogs must be on Heartworm and Flea/Tick Preventative.</i>	
Color: _____			
Age: _____ or D/O/B _____ Weight: _____ (approximate)		CAT: Rabies; Distemper; Feline Leukemia and Aids Test <i>We recommend that your cat be on a flea preventative.</i>	
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: _____

BEST PALS PET RESORT, LLC
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. Do any of their health conditions limit their activities? ___YES ___NO
If yes, please explain: _____

4. 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

5. What commands, if any, does your pet understand? _____

6. 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). _____

7. 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?)

8. Is your pet allowed to have our treats? (we use grain free): ___YES ___NO

9. Does your dog get along with cats? ___YES ___NO (we have resident cats who love dogs)

**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.

SIGNATURE

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. ***Cancellation fees MAY be applied for reservations cancelled less than 24 hours prior to a scheduled reservation.***
4. 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.***
5. ***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!***
6. 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.
7. ***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: _____