

# Resort Admission Form - Canine



Pet's Name \_\_\_\_\_ Brief Description \_\_\_\_\_

Owner's Name \_\_\_\_\_ Emergency Name & # \_\_\_\_\_

Dates Staying: \_\_\_\_\_

**Feeding Instructions:** - Did you bring your own food? **Yes / No** Did you bring your own treats? **Yes / No**  
How often do you feed him/her? **Once per day (am / pm)** **Twice per day** **Free feed**  
How much do you feed him/her at each feeding? **½ cup** **1 cup** **1 ½ cups** **2 cups** **other** \_\_\_\_\_

**Bedding:** Would you like us to provide a pet cot during the stay\*? **Yes / No** Blankets? **Yes / No**  
(\*not recommended if your dog is a chewer/digger as there is a \$40 repair fee for damaged cots)

**Outdoor Time:** Does your pet jump or climb fences or other enclosures? **Yes\*** / **Not Sure\*** / **No**  
(\* If yes or not sure your pet will be leash walked in the enclosed area.)

**Overall Health:** Does your pet have any allergies or other medical conditions? **Yes / No**  
If yes, please describe: \_\_\_\_\_  
(if your pet is on any medications, please complete the information on page 2)

**Flea Policy:** BFAHPR tries to take as many preventive measures as possible to eliminate fleas, however, because we allow our canine guests to run & play in the exercise yards, we cannot guarantee exposure to fleas is impossible. Would you want us to provide Capstar prior to check-out in order to ensure the pet won't leave our facility with any fleas? (\$6.75) **Yes / No**

My pet is currently on flea preventative: **Yes / No**

If yes, what is it? \_\_\_\_\_ When was the last time it was applied? \_\_\_\_\_

If my pet is found to have fleas on check-in, I understand he/she will require 2 doses of Capstar (one immediately and one before leaving) at a cost of \$13.50. **Owner's Initials** \_\_\_\_\_

**Additional Services You Would Like: (please circle)**

Extra Yard Time (\$2.95) Extra Playtime w/ Resort Attendant (\$5.75) Frosty Paws Treat (\$3.25)

All-Inclusive = all of the above (\$9.00) Massage (\$5.75)

How often? **Every Day / Every Other Day / Other** \_\_\_\_\_

Pedicure\* (\$14.50) Clean Ears (\$11.50) Anal Glands (\$24.00 no bath, \$12.50 w/bath)

Bath (cost is size dependent) Spa (includes bath, ear cleaning & nail trim - cost is size dependent)

Does your pet need to be seen by the vet? **Yes / No** If yes, please ask for a drop off form.

\*If your pet is so difficult to handle for its nail trim, requiring more than 2 staff, an additional fee may apply.

**Vaccines:** My pet is current on vaccines **Yes / No** **Staff Member's Initials** \_\_\_\_\_

To protect all of our guests, BFAHPR has a strict vaccination policy. All dogs must be current on their rabies, dhpp & bordetella vaccines to be admitted into our resort, & proof must be submitted prior to admission. If an error is made & my pet lacks complete vaccination, I give consent to BFAHPR to update my pet on the needed vaccine(s) (which requires an exam to administer) & assume full financial responsibility. **Owner's Initials** \_\_\_\_\_

**Miscellaneous:**

• Owners are encouraged to bring special items from home for their pets' stay (toys, bedding, etc). However, to ensure return of all belongings, please make sure they are all labeled with permanent marker. If they are not, we will most likely label them so as not to get them confused with another pet's belongings.

- There will be a ½ day charge for dropping off before 2pm and picking up after noon.
- If you cannot pick up your pet yourself, please let us know who will do so & ask them to bring a picture ID.

**Consent for Admission:**

The undersigned hereby warrants that he/she is the owner or authorized agent for the owner of the above animal & does hereby request, consent & authorize Best Friends Animal Hospital & Pet Resort (BFAHPR), its veterinarians, personnel and agents to care for & treat said animal. The undersigned also acknowledges that other animals will be located on the premises & hereby authorizes the necessary care & treatment for any condition that may endanger said other animals & hereby agrees to pay the customary charges for such treatments. This includes but is not limited to parasites. The undersigned acknowledges that no guarantees have been made except reasonable precautions against injury, escape or illness with the understanding that the undersigned will remain fully responsible for the cost of all services provided by BFAHPR & its authorized agents. Please note that the bordetella vaccine is, in general, only 80% effective and that although we are adamant that all animals be vaccinated, there is still a small chance that a dog may contract kennel cough as a result of being exposed to other dogs and in an environment which may be stressful for some dogs. Likewise, stress diarrhea is also quite common. If your pet develops diarrhea a doctor will determine if the pet should be examined, have a stool test done, and/or be placed on medication to help resolve the diarrhea, for which I assume financial responsibility.

I also understand that if my pet becomes ill or injured, and medical treatment is deemed warranted, I will be contacted at my emergency number provided on page 1. If, however, I am not available, I understand that my pet will be treated by Best Friends Animal Hospital & Pet Resort's veterinarians and I will be financially responsible for such treatment.

**Owner's Signature** \_\_\_\_\_ Date \_\_\_\_\_

**Medications:** If your pet is on any medication, please fill out the following (a \$2.95/day fee will apply).

1) \_\_\_\_\_ for \_\_\_\_\_ dosage \_\_\_\_\_  
 name of medication condition  
 when \_\_\_\_\_ how \_\_\_\_\_  
 how many times per day, am, pm put in dry food meal (no charge), applied to certain area, etc.

2) \_\_\_\_\_ for \_\_\_\_\_ dosage \_\_\_\_\_  
 name of medication condition  
 when \_\_\_\_\_ how \_\_\_\_\_  
 how many times per day, am, pm put in dry food meal (no charge), applied to certain area, etc.

3) \_\_\_\_\_ for \_\_\_\_\_ dosage \_\_\_\_\_  
 name of medication condition  
 when \_\_\_\_\_ how \_\_\_\_\_  
 how many times per day, am, pm put in dry food meal (no charge), applied to certain area, etc.

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To Be Completed By Staff Upon Admission:

\_\_\_\_\_ will be staying in room# \_\_\_\_\_ which is a: Studio / Suite / Grand Suite  
 single occupancy / double occupancy (with \_\_\_\_\_) / triple occupancy (with \_\_\_\_\_)

Staff Initials \_\_\_\_\_ **Owner's Initials** \_\_\_\_\_