



REGISTRATION FORM

Date: _____

Client Number: _____

CLIENT INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home: _____ Cell: _____ Work: _____

E-mail Address: _____

Were you referred by anyone? NO YES – please provide there name so that we can thank them:

EMERGENCY CONTACT INFORMATION – (someone other than you)

Name: _____ Relation: _____

Home: _____ Cell: _____ Work: _____

Who besides yourself is authorized to pick-up your dog(s)?

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

MEDICAL INFORMATION

Veterinarian: _____

City: _____ State: _____ Zip: _____ Phone: _____

Does your dog take any medications? NO YES – please list below

Medication:	Directions	Will we be administering?
		<input type="checkbox"/> NO <input type="checkbox"/> YES
		<input type="checkbox"/> NO <input type="checkbox"/> YES
		<input type="checkbox"/> NO <input type="checkbox"/> YES

PET INFORMATION

Name:	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
Breed:	<input type="checkbox"/> Neutered <small>(needs to be done by 6 months)</small>	<input type="checkbox"/> Spayed <small>(needs to be done by 6 months)</small>
Colors/Markings:	Age of your dog:	Birthday (or day celebrated):
Nicknames:	Microchip	<input type="checkbox"/> NO <input type="checkbox"/> YES

ADDITIONAL INFORMATION

How did you hear about Lush Puppy Pet Resort?

Has your dog ever been in day care before? NO YES If Yes – Where?

How long have you owned you dog? Where did you get your dog?

Is your dog(s) on a regular Flea/Tick Preventive? NO YES- What Type?

Are there other animals in your household? NO YES – please list below

Species/Breed	Name	M/F	Intact/Altered	Age

Does your dog get along with the other resident animals? YES NO – explain

Has your dog ever bitten, been bitten or caused injury to another dog or person? NO YES
If yes – please explain:

Does your dog play well with other dogs? NO YES

Does your dog have any past or current injuries? NO YES – explain

Has your dog had any joint, hip, or other bone replacement procedures? NO YES – explain

Is your dog medically cleared to participate in open social play? NO YES

Does your dog have obedience training? NO YES – explain

Will we be feeding while at Lush Puppy Pet Resort?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
What brand/type of food do you feed your dog?		
Does your dog have any allergies?	<input type="checkbox"/> NO	<input type="checkbox"/> YES –explain
Can your dog have treats while at Lush Puppy Pet Resort? How Many?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
Is your dog territorial or aggressive with food or toys?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
Is your dog frightened by any noises/actions?	<input type="checkbox"/> NO	<input type="checkbox"/> YES – explain
Is your dog frightened by thunderstorms ?	<input type="checkbox"/> NO	<input type="checkbox"/> YES – explain
Does your dog have any sensitive areas on his/her body? (Example : touching feet, ears, etc.)	<input type="checkbox"/> NO	<input type="checkbox"/> YES – explain
Does your dog like to be brushed ?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
Are there any specific kinds of people your dog automatically fears or dislikes?		
Is your dog housetrained? If yes, do you use a Command(s)?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
Does your dog bark a lot?	<input type="checkbox"/> NO	<input type="checkbox"/> YES – explain
Do you use any commands for excessive barking ?	<input type="checkbox"/> NO	<input type="checkbox"/> YES – explain
Do you have any objections to your dog swimming while they are here?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
Is your dog a fence jumper, climber, or “escape artist” ?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
Is your dog a chewer, mouther, nipper, or digger ?	<input type="checkbox"/> NO	<input type="checkbox"/> YES



Release and Waiver of Liability and Assumption of Risk

Lush Puppy Pet Resort has created a safe and loving environment for your pet(s). We screen all dogs to ensure that they have current vaccinations and appropriate temperaments for group play. Please know that we never leave dogs unsupervised in a group setting. I understand that the use of the Lush Puppy Pet Resort's facility means that I am taking certain risks of damage or injury to myself, my guest(s), my dog(s), other client's pet(s) and to other people in the facility.

I acknowledge and understand that every dog reacts differently and that animals, by nature are unpredictable. Dogs may without warning, bite, scratch, or cause injury to other dogs or humans. I also understand that because of the nature of daycare and of boarding animals, my pet is at an elevated risk of acquiring canine cough or other contagious medical conditions even though all animals accepted in the facility are required to have current Bordatella and other required vaccinations.

In exchange for the opportunity to use this facility, I hereby release and discharge Lush Puppy Pet Resort and its owners, employees, and Groomers (unless we are found to be negligent) from any and all liability, claims, demands, causes of action, loss, damage or injury to person or property, including any death and serious injury which may result while my pets(s), or I am on the premises of Lush Puppy Pet Resort.

I, _____ grant **Lush Puppy Pet Resort** and/or its select agents full power of decision concerning the care and well being of my dog(s). With my signature below, I accept exclusive and sole responsibility for all risks associated with Daycare, Boarding, and Grooming and release **Lush Puppy Pet Resort** and its selected agents of all liability.

Cancellation Policy:

Understand that any reservation for weekends and Holidays will need to be held with a deposit to be applied to your bill upon check-out. If you need to cancel your reservation, You **MUST CALL** 72 Hours prior to your Check-in date, otherwise you will lose your deposit.

Signature: _____

Date: _____

Print Name: _____



VET AUTHORIZATION FORM

In the event that your pet should need medical treatment while in the care of Lush Puppy Pet Resort, we will make every effort to contact you. If you are not available, we will attempt to contact your pet's veterinarian. Should time permit and it is safe to do so, we will transport your pet to your pet's veterinarian. However, if there is an emergency, your pet may be taken to an Emergency Veterinary Hospital, or a veterinarian of Lush Puppy Pet Resort's choice. All expenses incurred due to your dog's accident or illness must be paid in full at the time of discharge from Lush Puppy Pet Resort. **There will be a \$30.00 trip charge per visit to the veterinarian.**

I, authorize Lush Puppy Pet Resort and its representatives to obtain medical treatment in the event of an illness or accident for my pet(s). I give the attending veterinarian permission to start medical treatment without my verbal consent. In the event that medical expenses exceed \$_____ (ex. \$500 Minimum, \$1000 Maximum-if blank then there is no limit), I request that a Lush Puppy Pet Resort representative or the attending veterinarian contact me before any further treatment is done. I agree to reimburse Lush Puppy Pet Resort for any and all expenses incurred for the medical treatment of my pet.

I have read, understand, and agree to abide and be bound by the terms and conditions in this agreement. My signature below authorizes the use of my credit card for required veterinary treatment.

Visa MC AMEX Code: _____

Credit Card # _____ Exp. Date: _____

Signature: _____ Today's Date: _____

Print Name: _____