

Stay and Play Pet Resort Admission Form

Owner Name: (Last)	First:	
Address:		
Phone:		
Emergency Contact:	Phone:	
Pet Name:	Breed:	Age:
Sex: M <input type="checkbox"/> F <input type="checkbox"/> Intact: Yes <input type="checkbox"/> No <input type="checkbox"/>	Colour:	
Medication	Dose:	1X <input type="checkbox"/> 2X <input type="checkbox"/> 3X <input type="checkbox"/> Daily
Medication	Dose:	1X <input type="checkbox"/> 2X <input type="checkbox"/> 3X <input type="checkbox"/> Daily
Last treatment:	Allergies: Skin <input type="checkbox"/> Food <input type="checkbox"/>	
Medicine Storage: Refrigerate <input type="checkbox"/> Room Temperature <input type="checkbox"/>		
Your Veterinarian:	Phone:	
Owner Food <input type="checkbox"/> SPPR Food <input type="checkbox"/> Cups/Feeding:	Times/Day:	
Owner treats: No <input type="checkbox"/> Yes <input type="checkbox"/> Amount:	Times/Day:	
Owner Toys <input type="checkbox"/> Bed <input type="checkbox"/> Blankets <input type="checkbox"/> Other <input type="checkbox"/>		
Is your pet friendly with other dogs Yes <input type="checkbox"/> No <input type="checkbox"/> , humans Yes <input type="checkbox"/> No <input type="checkbox"/>		
Has your pet ever bitten a person or animal: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Is your pet comfortable with someone taking something from them: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Is your pet afraid of storms: Yes <input type="checkbox"/> No <input type="checkbox"/> Does your pet climb fences: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Does your pet chew toys, bedding or furniture: Yes <input type="checkbox"/> No <input type="checkbox"/>		
<p>Whenever a problem is discovered in a boarding pet that requires medical treatment, SPPR will attempt to contact Owner or their emergency contact person before obtaining examination by and/or treatment from a veterinarian. SPPR will transport pet free of charge to veterinary clinic of choice listed by Owner if said clinic is within 15 miles of SPPR or to Baker Animal Clinic. Baker Animal Clinic will assume medical care of the pet if veterinary clinic selected by Owner is closed or unable to accept pet during regular business hours or emergency hours. All medical care performed on pet by Owner's selected veterinary clinic or by medical staff of Baker Animal Clinic shall be at Owner's expense.</p>		
Select clinic to contact first for medical care: Veterinary Clinic of Owner named above <input type="checkbox"/> or Baker Animal Clinic <input type="checkbox"/>		
Owner Signature:	Date: ____ / ____ / ____	

Thank you for choosing Stay and Play Pet Resort

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Photo Release Form

I hereby grant permission to Stay and Play Pet Resort (SPPR) and/or Baker Animal Clinic PLLC (BAC) to use gratis photograph(s), image(s) and call (given) name of my pet, and only these, on any printed or electronic social media site(s) including websites (e.g., www.stayplaypetresort.com; www.bakeranimal.com) and/or Facebook sites controlled by SPPR and BAC. Further, SPPR and/or BAC have my permission to edit photograph(s)/image(s) of my pet(s) at their discretion and that SPPR and/or BAC may decide at their discretion when to use, not use or discontinue use of any photographs(s)/image(s) of my pet(s) on such media sites. I understand that photograph(s)/image(s) of my pet(s) may be available for copy or download without restriction from electronic social media sites available for public viewing.

Owner <input type="checkbox"/> /Agent <input type="checkbox"/> Name:
Dog Name(s):
Signature:

Waiver & Liability Release

I accept terms and conditions of Waiver and Liability Release as presented in such document on web site of SPPR (www.stayplaypetresort.com) and available for review during check-in of pet at SPPR reception.

Signature Owner or Authorized Agent

Printed name Owner or Authorized Agent

Date: ____ / ____ / ____

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