

St. Francis Pet Care Center Resort Release

Client Name: _____
 Pet: _____
 Age: _____ Breed: _____
 Sex: _____ Color: _____

Check In Date: _____ Out Date: _____

Allergies:

Thank you for Choosing St. Francis Pet Care Center as the "vacation spot" for your pet. Please take a moment to complete the following information.

- Your signature below gives St. Francis Pet Care Center permission to post updates and photos of your pet on our facebook page. If you would prefer us not to do so, please initial here: _____
- St. Francis Pet Care Center retains the right to re-locate your pet for the safety of your pet and/or our Staff.
- St. Francis Pet Care Center cannot be held responsible for lost or damaged guest belongings. In order to minimize the chance of lost belongings; please label them clearly with your pet's information.
- I understand that if I choose to extend my pets visit, St. Francis Pet Care will relocate my pet to the next available location; which may or may not be the location of my original request.
- I understand that, for the safety of St. Francis Pet Care Center Staff, St. Francis Pet Care Center's Facility and St. Francis Pet Care Center Guests, I am unable to pick up my pet outside of normal business hours.
 St. Francis Pet Care Center hours of 8 am to 6 pm Monday to Friday and 8 am to 1 pm on Saturdays.
- I understand that the staff at St. Francis Pet Care Center will monitor my pet's behavior to the best of their ability but there are no overnight staff members.
- I understand my pet must be free of intestinal parasites and fleas/ticks upon arrival in the kennel. If not, flea/tick prevention will be given at my expense.
- Should my pet require any emergency care and I am unable to be reached by phone I authorize all necessary treatments and procedures to be performed which may include being transported to a medical emergency care facility if necessary. I also understand that cost for such treatments and procedures will be my responsibility.
- St. Francis pet care does not recommend that multiple pets be boarded in the same area. I understand that if I choose to board my pets with other pets, and injuries occur; treatment and procedures will be performed as deemed necessary by St. Francis Pet Care Centers' Veterinarians. I further understand that I will be responsible for the cost of treatments or procedures provided to all pets involved.
- In the event of a disaster St. Francis Pet Care Center will do everything within their means to ensure the safety of my pet. I release St. Francis Pet Care Center, and its representatives, of liability should my pet be injured/lost in the event of disaster.
- I understand that if I have not provided my pets own food, there will be a \$3.00/day charge for use of the hospitals Royal Canin GI Diet.
- I understand that in the event that my pet soils itself during its stay there may be a charge of \$15.00 for a clean up bath. This is in order to ensure that my pet is kept as clean and comfortable as possible.
- I understand that my pet must be current for the following vaccinations, prevention, and tests prior to boarding. If my pet does not meet the criteria, I agree to the necessary treatment plan to bring him/her up to date before boarding.

Canine	Feline
Biannual Exam	Biannual Exam
DHPP	FVRCP
Rabies	Rabies
Biannual Bordetella	Biannual Fecal Test
Biannual Fecal Test	Flea/Tick Prevention
Heartworm Test	
Heartworm Prevention	
Flea/Tick Prevention	

Please give the following amenities:
 Extra Playtime (per romp) \$5____ How Many Times ____
 Pool Splash (per 15 min) \$10____ How Many Times ____
 Pupsicle Treat (per serving \$3____ How Many Times ____

Do you utilize our facility for veterinary services? YES NO
 Does your pet have any Medical Conditions? YES NO
 Is your pet Currently Taking Medications? YES NO
 Does Your Pet Have Food Allergies? YES NO
 Can your pet board with other household pets? If No, give reason _____ YES NO

Heartworm Prevention Brand: _____ Date Given: _____
 Flea/Tick Prevention Brand: _____ Date Given: _____
 Start Food: _____ AM PM Resort Own Feeding Instructions: _____

Bathing: Yes NO

Pick up date and time: _____

By my signature below, I agree to the terms as stated above:

_____ Date: _____ Contact # _____ Second # _____
 Signature

Preferred Contact Method? Cell Email Text

Please provide a phone number and/or email address: _____

Emergency Contact Name / Number: _____

Personal Belongings: