

St. Francis Pet Care Center

Resort Release

Client: _____ In Date: _____ Out Date: _____
 Pet: _____ Age: _____ Breed: _____ Run: _____ Suite: _____ Hospital: _____
 Sex: _____ Color: _____ Wt: _____

Allergies: _____

Thank you for Choosing St. Francis Pet Care Center as the "vacation spot" for <animal>. 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 safety 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 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 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 <animal>'s behavior to the best of their ability but there are no overnight staff members.
- I understand <animal> 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 <animal> require any emergency care and I am unable to be reached by phone I authorize all necessary treatments and procedures to be performed on <animal> which may include being transported to a medical emergency care facility if necessary.
- 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.
- St. Francis Luxury Suites include a raised cot. I understand that if my pet damages the cot, I will be responsible for a \$65.00 replacement charge.
- 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 will 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
 Biannual Exam
 DHPPC
 Rabies
 Canine Influenza
 Biannual Bordetella
 Biannual Fecal Test
 Heartworm Test
 Heartworm
 Prevention
 Flea/Tick Prevention

Feline
 Biannual Exam
 FVRCP
 Rabies
 Biannual Fecal Test
 Flea/Tick Prevention

Please give the following amenities:

- Extra Playtime (per romp) \$5 ____/day
- Pool Splash (per 15 min) \$10 ____/day
- Pupsicle Treat (per treat) \$3 ____/day

Do you utilize our facility for veterinary services? YES NO

Any Medical Conditions? YES NO

Medications? YES NO If yes, please bring dosing instructions. Food Allergies? YES NO

Can your pet board with other household pets? If No, give reason _____ YES NO

Heartworm Prevention Brand: _____ Date Last Given: _____

Flea/Tick Prevention Brand: _____ Date Last Given: _____

Start Food: _____ AM PM Resort Own 1xday 2xday Free Feed

Feeding Instructions: _____

Bathing: Yes No Nail Trim

Pick up date and time: _____

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

 Signature Date: _____ Contact # _____ Second # _____

Would you prefer texts if there are any concerns? Please provide a number _____ YES NO

Emergency Contact Name / Number: _____

Personal Belongings: _____