

Country Acres Pet Resort

Date _____ Init _____

Pet's Name _____

Please complete for each (2) owner, if applicable:

<p>(1) Name _____ Street Address _____ City _____ State _____ ZIP _____ Phones (Home) _____ (Work) _____ Ext. _____ (Cell) _____ email address _____ Occupation _____ Employer _____</p>	<p>(2) Name _____ Street Address _____ City _____ State _____ ZIP _____ Phones (Home) _____ (Work) _____ Ext. _____ (Cell) _____ email address _____ Occupation _____ Employer _____</p>
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Emergency Contact Information - Please tell us who to contact in case of emergency:

1) Name _____ Phone _____
2) Name _____ Phone _____

If anyone other than the owner has permission to pick up your dog, please give us their names:
Names _____

<p>Veterinary Information</p> <p>Name of Clinic _____ Phone _____ Date of last DHLPP (Distemper, etc.) inoculation _____ Is your dog vaccinated for Kennel Cough? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date _____</p> <table border="1"><tr><td><p>Pet 1 - Rabies expiration date _____ Checked by _____ Date _____</p></td><td><p>Pet 2 - Rabies expiration date _____ Checked by _____ Date _____</p></td></tr></table>	<p>Pet 1 - Rabies expiration date _____ Checked by _____ Date _____</p>	<p>Pet 2 - Rabies expiration date _____ Checked by _____ Date _____</p>	<p>Name of Veterinarian _____</p>
<p>Pet 1 - Rabies expiration date _____ Checked by _____ Date _____</p>	<p>Pet 2 - Rabies expiration date _____ Checked by _____ Date _____</p>		

As a condition of using our services for your pets, the following Waiver & Assumption to Hold Harmless must be signed:

By choosing to utilize the services, participate in activities, groom or board my pet(s) at CAPR (LLC), I agree to the following:

- I agree to pay the rates that are in effect at the time my pet is at CAPR. I am aware that extra charges may be incurred and I agree to pay them at the time of pick-up. Examples include, but are not limited to: Daycare, boarding and grooming.
- I understand that on entering CAPR my pet will be examined for fleas. If fleas are found, a natural flea repellent bath will be administered at my expense.
- If my dog participates in playgroup or daycare, I understand that an interactive play setting is not without some risk of injury, that despite all the dogs appearing healthy and being handled with the greatest amount of care and foresight, dogs are not always predictable and the unexpected may occur. I recognize that the benefits of an interactive playgroup are valuable to my dog, and accept the potential risks. I further agree to pay veterinary/medical expenses incurred as a result of injury to or caused by my dog.
- If my pet appears to be ill, I authorize CAPR to engage the services of a veterinarian at my expense, to give other requisite attention, and to make whatever decisions are required for my pet's veterinary treatment. I agree to pay all veterinary charges incurred by my pet while in the care of CAPR. I will not hold CAPR liable for failure to seek veterinary attention or for decisions made under this contract.

I understand that CAPR will exercise all due diligence and care in the guardianship of my pet. I hereby waive and release CAPR, its employees, owners and agents from any and all liability of any nature, for injury or damage, including that which may result from the action of any dog including my own, and I expressly assume the risk of such damage or injury while my dog participates in or attends any function of CAPR, while on the grounds or the surrounding area thereto.

On behalf of myself and any and all other owners of this pet, I have read and agree to the terms of this contract. I warrant that I have the authority to represent any and all other owners of this pet in signing this contract.

Signed _____ Date: _____

Print Name _____

Owner's Last Name _____

1st Pet's Information:

Pet's Name _____

Dog Cat M F Neutered? At age _____

Breed _____ Color _____

Markings _____ Age _____ Birth date _____

Distinguishing physical characteristics _____

If your pet has temperament issues such as shyness, fear or aggression, please describe _____

Describe any medical or physical problems _____

Allergies? If so, to what _____

Age acquired _____ **Note:** Please tell us if this is a newly acquired adult so we can get helpful background info.

2nd Pet's Information:

Pet's Name _____

Dog Cat M F Neutered? At age _____

Breed _____ Color _____

Markings _____ Age _____ Birth date _____

Distinguishing physical characteristics _____

If your pet has temperament issues such as shyness, fear or aggression, please describe _____

Describe any medical or physical problems _____

Allergies? If so, to what _____

Age acquired _____ **Note:** Please tell us if this is a newly acquired adult so we can get helpful background info.

General Questions – The following answers will help us care for your pet(s) as if they were our own. Please complete questions for each pet boarded:

1st Pet

Dog or cat questions:

Has your pet ever been boarded before? Yes No Not Sure

Is your pet used to being in a crate? Yes No Not Sure

Does your pet have separation anxiety issues? Yes No Not Sure

Dog questions:

Has your dog ever escaped a fence (over or under)? Yes No Not Sure

Does your dog get along well with other dogs? Yes No Not Sure

How about puppies? Yes No Not Sure

Are you enrolling your dog in our Daycare? Yes No

Has your dog ever attended interactive Daycare? Yes No Not Sure

What are your reasons for Daycare? Socialization & Play Exercise Long day

Other _____

Favorite activities:

Please check all your dog's favorite activities:

Ball Frisbee "Keep away" Tug o'war Cuddle Belly rubs

Brushing Massage Other _____

Any additional information to help us care for your dog _____

2nd Pet

Yes No Not Sure

Yes No Not Sure

Yes No Not Sure

Yes No Not Sure

Yes No Not Sure

Yes No Not Sure

Yes No

Yes No Not Sure

Reason for Daycare _____

Favorite

Activities

- Ball
- Frisbee
- "Keep away"
- Tug o'war
- Cuddle
- Belly rubs
- Brushed
- Massage
- Other _____

How did you hear about CAPR? Please be specific. Thanks.

- Current customer Friend Veterinarian Website Other _____

Please give us the name of the referral: _____