

Country Acres Pet Resort

Date _____	Init _____
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Pet's Name _____

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

(1) Name _____
Street Address _____
City _____ State _____ ZIP _____
Phones (Home) _____
(Work) _____ Ext. _____
(Cell) _____
email address _____
Occupation _____
Employer _____

(2) Name _____
Street Address _____
City _____ State _____ ZIP _____
Phones (Home) _____
(Work) _____ Ext. _____
(Cell) _____
email address _____
Occupation _____
Employer _____

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 _____

Veterinary Information Name of Veterinarian _____

Name of Clinic _____ Phone _____

Date of last DHLPP (Distemper, etc.) inoculation _____

Is your dog vaccinated for Kennel Cough? Yes No If yes, date _____

Pet 1 - Rabies expiration date _____
Checked by _____ Date _____

Pet 2 - Rabies expiration date _____
Checked by _____ Date _____

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. *our food, destruction of cots.*
 - 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. *We will document*
 - 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. *Within a certain time of injury*
- 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 _____

1 st Pet's Information:	2 nd Pet's Information:
Pet's Name _____	Pet's Name _____
<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Neutered? At age _____	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Neutered? At age _____
Breed _____ Color _____	Breed _____ Color _____
Markings _____ Age _____ Birth date _____	Markings _____ Age _____ Birth date _____
Distinguishing physical characteristics _____	Distinguishing physical characteristics _____
_____	_____
If your pet has temperament issues such as shyness, fear or aggression, please describe _____	If your pet has temperament issues such as shyness, fear or aggression, please describe _____
_____	_____
Describe any medical or physical problems _____	Describe any medical or physical problems _____
_____	_____
Allergies? If so, to what _____	Allergies? If so, to what _____
Age acquired _____ <i>Note: Please tell us if this is a newly acquired adult so we can get helpful background info.</i>	Age acquired _____ <i>Note: Please tell us if this is a newly acquired adult so we can get helpful background info.</i>

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:	
1 st Pet	2 nd Pet
Dog or cat questions:	
Has your pet ever been boarded before? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
Is your pet used to being in a crate? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
Does your pet have separation anxiety issues? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
Dog questions:	
Has your dog ever escaped a fence (over or under)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
Does your dog get along well with other dogs? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
How about puppies? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
Are you enrolling your dog in our Daycare? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your dog ever attended interactive Daycare? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
What are your reasons for Daycare? <input type="checkbox"/> Socialization & Play <input type="checkbox"/> Exercise <input type="checkbox"/> Long day	Reason for Daycare _____
Other _____	
Favorite activities:	Favorite Activities
Please check all your dog's favorite activities:	<ul style="list-style-type: none"><input type="checkbox"/> Ball<input type="checkbox"/> Frisbee<input type="checkbox"/> "Keep away"<input type="checkbox"/> Tug o'war<input type="checkbox"/> Cuddle<input type="checkbox"/> Belly rubs<input type="checkbox"/> Brushing<input type="checkbox"/> Massage<input type="checkbox"/> Other _____
Any additional information to help us care for your dog _____	

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

• Current customer Friend Veterinarian Website Other _____

Please give us the name of the referral: _____