

Stay and Play Pet Resort Admission Form

Owner Name: (Last)

First:

Address:

Phone:

Email:

Emergency Contact:

Phone:

Pet Name:

Breed:

Age:

Sex: M F Intact: Yes No Colour:

Medication

Dose: 1X , 2X , 3X Daily

Medication

Dose: 1X , 2X , 3X Daily

Last treatment:

Allergies: Skin Food

Medicine Storage: Refrigerate Room Temperature

Your Veterinarian:

Phone:

Dog Food: Owner , SPPR ; Cups/Feeding: Feeding frequency: Once , Twice , Thrice per day

Owner treats: Yes No Amount: Feeding frequency: Once , Twice , Thrice per day

Owner Toys Bed Blankets Other

Is your pet friendly with other dogs: Yes No ; Humans Yes No

Has your pet bit a person/animal: Yes No ; Is your pet playful with other dogs: Yes No

Is your pet comfortable with someone taking something from them: Yes No

Is your pet afraid of storms: Yes No ; Does your pet climb fences: Yes No

Does your pet chew toys, bedding or furniture: Yes No

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 would 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.

Select clinic to contact first for medical care: Veterinary Clinic of Owner named above or Baker Animal Clinic

Owner Signature:

Date: ____ / ____ / ____

Thank you for choosing Stay and Play Pet Resort

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.

I am the Owner or agent of Owner of pet (pets) that is (are) boarding and under care of Stay & Play Pet Resort LLC (SPPR) and/or Baker Animal Clinic LLC (BAC), and as consideration for the right to participate in services provided by SPPR and/or BAC, I hereby knowingly and voluntarily enter into this waiver and release of liability and therefore hereby waive any and all rights, claims or causes of litigation or any action whatsoever arising out of my participation in any activity or services, professional or otherwise, provided by SPPR and BAC and do now hereby release and forever discharge SPPR and BAC, their affiliates, creditors, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors and assigns, for any physical injury including but not limited to medical emergency, illness, infectious or non-infectious illness, damages, death suffered by my pet(s) and any economical or emotional loss that Owner may suffer as a direct result of their pet(s) participation in activities and services of SPPR or BAC, including transport of pet(s) to and from SPPR and BAC. Furthermore, I agree to be financially responsible for any and all costs incurred as result of any veterinary medical services required by my pet(s) for whatever cause arising during my pet(s) care by SPPR and /or BAC.

Signature Owner or Authorized Agent

Printed name Owner or Authorized Agent

Date: ____ / ____ / ____

Thank you for choosing Stay and Play Pet Resort