

Renaissance Pet Resort & Spa Registration

Owner's Name _____

Address _____ City, State _____ Zip Code _____

Home phone _____ Cell Phone _____ Work Phone _____

Email address _____

Pet #1 Information

Pet's Name	Age	Weight	Breed	Gender	Yes No (Neutered?)
------------	-----	--------	-------	--------	-----------------------

Description

Any Health Concerns?

No

Yes _____

Does your pet have any history of aggression or biting, or destruction of items other than dog toys.? _____ If yes, please explain _____

Where does your pet normally sleep? _____

Where is your pet while you are away from your home? _____

Vaccination history:

<p style="text-align: center;">Dogs</p> <p>DHPPC _____</p> <p>Bordetella _____</p> <p>Rabies _____</p>	<p style="text-align: center;">Cats</p> <p>FVRCP _____</p> <p>FeLV _____</p>
--	--

Microchip # _____

Please provide our office with copies of your pet's vaccination records. COPIES MUST BE ON FILE WITH OUR OFFICE

Pet #2 Information

Pet's Name	Age	Weight	Breed	Gender	Yes No (Neutered?)
------------	-----	--------	-------	--------	-----------------------

Description

Any Health Concerns?

No

Yes _____

Does your pet have any history of aggression or biting, or destruction of items other than dog toys.? _____ If yes, please explain _____

Where does your pet normally sleep? _____

Where is your pet while you are away from your home? _____

Vaccination history:

<p style="text-align: center;">Dogs</p> <p>DHPPC _____</p> <p>Bordetella _____</p> <p>Rabies _____</p>	<p style="text-align: center;">Cats</p> <p>FVRCP _____</p> <p>FeLV _____</p>
--	--

Microchip # _____

Please provide our office with copies of your pet's vaccination records -COPIES MUST BE ON FILE WITH OUR OFFICE

OVER

Pet #3 Information

Pet's Name	Age	Weight	Breed	Gender	Yes No (Neutered?)
------------	-----	--------	-------	--------	-----------------------

Description

Any Health Concerns?
 No
 Yes _____

Does your pet have any history of aggression or biting, or destruction of items other than dog toys.? _____ If yes, please explain _____

Where does your pet normally sleep? _____

Where is your pet while you are away from your home? _____

Vaccination history: Dogs Cats

DHPPC _____ FVRCP _____

Bordetella _____ FeLV _____

Rabies _____

Microchip # _____

Please provide our office with copies of your pet's vaccination records - COPIES MUST BE ON FILE WITH OUR OFFICE

Veterinarian's Name	Hospital Name	Phone number
---------------------	---------------	--------------

Renaissance Pet Resort & Spa, LLC agrees to exercise due and reasonable care and to keep the premises sanitary and properly enclosed. Your pet will be cared for in the same manner in which we care for our own. They will be fed & watered regularly, walked and/or exercised, and housed in a safe, clean area. The services we provide are done so without liability for loss or damage from disease, death, running away, theft or fire, and from injury or damage done by your pet to people, other animals or property, or other unavoidable causes. Due diligence and care has been and will be exercised.

Please note we reserve the right to move your pet to a different room, should we find destructive habits, excessive barking or any other undesirable behavior. Additional fees will apply if your pet is responsible for the destruction of property belonging to Renaissance Pet Resort, including, but not limited to bedding, furniture, or structural items. This excludes dog toys. Additional Fees will apply for pets that require care above and beyond basic board & care. This includes, but not limited to, extensive wound care, intravenous fluids, and pets deemed aggressive toward staff members. Please advise us if your pet is NOT housetrained and/or uses paper or puppy pads. Daily cleaning fees (in addition to normal boarding fees) will apply to pets that continuously relieve in the rooms or on the bedding.

Should any pet become ill or need medical attention, we reserve the right to administer aid and to render care by Banning Veterinary Hospital. The owner shall pay any expenses incurred. We agree to make every effort to notify the owner, prior to treatment, whenever possible. Emergency phone numbers must be kept current with our office.

Check In time is 1pm. Check Out time is 11am. (Sunday departure is 4pm-6pm & Sunday Arrival is 5pm-6pm). We require **24 hours advance notice, prior to the rescheduled departure date, to accommodate changes in reservations**; otherwise a change/cancellation fee equal to one night's boarding will apply. Additional fees will apply for arrivals or departures outside of our normal office hours. After hours service is simply a courtesy and not guaranteed & prior approval is required. No pet will be released until all charges are paid in full. Any pet left uncalled for seven days from the scheduled date of pickup, as noted herein, shall become the property of Renaissance Pet Resort & Spa. The owner of this pet or his agent agrees to pay reasonable legal fees and costs incurred by the office in the collection of outstanding bills.

Owner's Signature	Date
-------------------	------

Emergency Contact	Phone number
-------------------	--------------

Whom may we thank for referring you?

Name	Pet's name
------	------------