



PLEASE COMPLETE THE FOLLOWING QUESTIONS TO THE BEST OF YOUR KNOWLEDGE. THIS FORM, ACTIVITY WAIVER AND VACCINATIONS ARE REQUIRED BEFORE YOUR PET CAN STAY WITH US. THIS INFORMATION WILL HELP US MAINTAIN A SAFE AND FUN ENVIRONMENT FOR ALL GUESTS.

PLEASE TAKE A FEW MOMENTS TO TELL US ABOUT YOURSELF AND YOUR BEST FRIEND. THANK YOU!

PET INFORMATION SHEET

ALL PETS MUST HAVE VALID VACCINATIONS AT CHECK IN PLEASE

PARENT CONTACT INFORMATION

PARENT #1: _____ PHONE# _____

EMAIL: _____

PARENT #2: _____ PHONE #: _____

EMAIL: _____

EMERGENCY CONTACT- You do not travel together, can make decisions on your behalf. You trust this person to make decisions on your behalf #1 PH _____ Name _____

EMERGENCY CONTACT- You do not travel together, can make decisions on your behalf. You trust this person to make decisions on your behalf #2 PH _____ Name _____

*I AUTHORIZE MY EMERGENCY CONTACT TO MAKE DECISIONS PERTAINING TO MY PET, THEY WILL PICK UP IN AN EMERGENCY TIMEFRAME AND CARE FOR MY PET AS NEEDED. _____ initial

*I UNDERSTAND THAT ALPINE VIEW PET SPA IS NOT FINANCIALLY RESPONSIBLE FOR ILLNESS, ACCIDENT OR INJURY OF ANY INCIDENT AND RELEASE ALL RIGHTS TO HOLD ALPINE VIEW PET SPA AND IT'S AGENTS RESPONSIBLE. _____ initial

*VETERINARIAN CLINIC OF CHOICE; _____ PH _____

*I AUTHORIZE _____ TO PERFORM MEDICAL CARE TO MY PETS AS LISTED IN MY ABSENCE UP TO A VALUE OF \$_____. _____ initial

PET PROFILE

PET 1 : NAME: _____ TYPE: DOG CAT BREED: _____

DOB: ___/___/___ SEX: M F ALTERED: YES NO COLOR: _____

WEIGHT: _____ ALLERGIES: _____

PET 2 : NAME: _____ BREED: _____

DOB: ___/___/___ SEX: M F ALTERED: YES NO COLOR: _____

WEIGHT: _____ ALLERGIES: _____

PET 3: NAME: _____ TYPE: DOG CAT BREED: _____

DOB: ___/___/___ SEX: M F ALTERED: YES NO COLOR: _____

WEIGHT: _____ ALLERGIES: _____

FOOD/MEDICATION: INDICATE THE AMOUNT YOUR PET IS FED / HOW MANY TIMES A DAY.

BREAKFAST(AM)		LUNCH		DINNER (PM)		ANYTIME(FREE FEED)	
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FOOD BRAND: _____ Known sensitivities or allergies? _____

MEDICATIONS: ___ Y/N ___ IF YES PLEASE SEE MEDICATION SHEET!!! _____

What is the medication treating? _____

IF MEDICATION NEEDS TO BE ADMINISTERED, WE WILL HAPPILY DO SO, A MEDICATION FEE IS \$3 PER TIME, PROVIDED THAT ALL MEDICATION IS LABELED WITH INSTRUCTIONS, IF PILL POCKETS OR EXTRA NEEDS TO HIDE MEDICATION TO ADMINISTER IS NECESSARY, I UNDERSTAND THAT WILL BE ADDED TO MY ACCOUNT. _____ INITIAL

BEHAVIOUR

HOW DOES YOUR PET(S) INTERACT WITH OTHERS? Please give us some details to ensure we can understand your dogs preferences with friends, both human and animals.

SOCIAL _____

SELECTIVE _____

NON SOCIAL _____

Dog to dog bite history? _____

HAS YOUR PET(S) EVER SHOWN AGGRESSION? (EX: FOOD, PEOPLE, OTHER DOGS, CATS OR ANIMALS)



WAIVER for Boarding, Daycare, Training and Grooming service.

I _____, hereby certify that my dog(s) _____ is in good health, is current on all required vaccinations (DHLPP, Rabies Bordetella), is free of fleas, ticks, and lice, and has not been ill with any known contagious viruses in the last 30 days. I also have read and understand and agree to the following:

I understand that while my dog is fully vaccinated, _____ INITIALS, while vaccines may help to prevent or lessen the risk, vaccines are not 100% effective and there is a small risk that my dog may contract a contagious disease or illness. In boarding, daycare, training and grooming services, there are always exposure risks to dogs that are asymptomatic that may be able to transmit virus or illness and, I agree that should this occur I am responsible for my own pet's care and medical attention. _____ INITIALS

I agree to maintain regular flea, tick, parasite control and heartworm preventative maintenance programs for as long as my dog(s) has/have been boarding, daycare, training and grooming with Alpine View Pet Spa. _____ INITIALS

I understand that although all dogs are supervised, incidents of injury may occur from, but not limited to bites, scrapes, scratches, sprains, breaks or accidents that may cause harm. Alpine View Pet Spa is not liable for any cost incurred from your pets injuries. _____ INITIALS I release Alpine View Pet Spa from all liability for which I, or my dog, may suffer including but not limited to injury, sickness, damage or death resulting from participation in socialization activity, or in boarding, daycare, training or grooming service, regardless of their social status to include play or not, any and all activity of services _____ INITIALS I release Alpine View Pet Spa from any liability should my dog injure another dog or person while at Alpine View Pet Spa, _____ INITIALS

Deemed Social _____ Initial I represent that my dog is sociable and has not harmed or shown threatening behaviours towards any other dog. I understand Alpine View Pet Spa reserves the right to remove my dog from the play area and place my dog in a separate holding area should my dog display any unwanted behaviours, and will be updated upon alterations that may cause sociability concerns.

Deemed Selective _____ Initial I represent that my dog has special friends, and is not always friendly to all, I allow some appropriate play and release liability to Alpine View Pet Spa for any liability in socializing my dog. I understand that my dog may or may not make friends, and may have alone play or if friends are found may have selected activity with others.

Deemed NOT Social _____ Initial I represent that my dog has shown threatening behaviours towards other dogs. I understand that Alpine View Pet Spa will NOT allow my dog to participate in social activities during their stay at the kennel and release Alpine View Pet Spa of any liability should an incident occur because of conflict. Such examples of conflict, but not limited to, fence fighting, behaviour unbecoming of barking, lunging, escalation in stress, or causing harm to itself or by or to others by pushing on fences, jumping fences, or other activities dogs may find in the fact that they are animals and are unpredictable in various environments.

INJURIES, ILLNESS, or INCIDENT: I, _____ INITIAL, allow Alpine View Pet Spa to contact my veterinarian, or any other accessible vet clinic as deemed necessary, should any injuries require medical attention. In the case my dog requires medical attention, I agree to have my emergency contact pick up my dog and take it to be seen by a vet. My listed vet being my first choice but in the event that my vet is unavailable, any clinic in an urgent manner may care for my pet. In the rare event that my two emergency contacts, and myself all are NOT available to respond in an urgent manner. Alpine View Pet Spa shall make the decision to have my dog cared for by the vet of availability, _____ INITIAL I agree that I am solely responsible for any medical expenses acquired for my dog by my dog's actions including but not limited to any actions towards or from my dog. _____ INITIAL, I will pay my veterinarian any cost incurred due to my dogs actions, or the actions including my dogs actions and I understand that my emergency contact will handle anything pertaining to my pet in the event I am unable to be reached that may be deemed necessary.

Please sign here accepting terms set out as policy for Boarding, Daycare, Training and Grooming services at Alpine View Pet Spa,

_____ DATED _____
