Client ID:	**{ID}**	Patient ID:	{PATIENTID}
Client Name:	**{FULLNAME}**	Name:	{NAME}
Address:	**{ADDRESS1}**	Species:	{SPECIES}
	{ADDRESS2}	Breed:	{BREED}
	{CITY}, {STATE} {POSTALCODE}	Sex:	{SEX}
Telephone:	{PHONENUMBER}	Color:	{COLOR}
Date:		Birth Date:	{BIRTHDATE[SHORT]}

Towne Square Pet Resort

"Trust, Commitment, Loving Care"

We strive to provide the highest quality pet care possible. We take the responsibility of caring for your pets seriously. We understand and respect that they are valued member of your family. We have placed the following policies and procedures in effect to ensure that all of our guests and their families are treated with care and respect.

Please initial next to every point to indicate that you have read and understand the following

General

The boarding facility is staffed during regular business hours only. We do not have overnight staff on the premises. All dogs are secured in their individual boarding kennels after evening routines. For pets requiring 24-hour veterinary supervision or intensive care, we recommend transfer to a fully staffed emergency veterinary hospital.

_____

Vaccines/Medical History

I understand that my pet(s) is/are in good health, is/are **current on all required vaccinations from a veterinarian**: Rabies, DA2PLP, 6 month Bordetella, & a fecal test (the vaccinations must be current within 2 weeks of coming to board from a veterinarian). _____

I understand that while my pet (s) is/are **fully vaccinated from a veterinarian**, vaccines are not guaranteed and there is a small risk that my pet(s) may contract a contagious disease or illness (such as Canine Influenza or Bordetella/Kennel cough). I agree that should this occur, I am responsible for my own pet's care, medical attention, and the associated costs. _____

I understand that my pet(s) is/are free of fleas, ticks, and lice. I understand that should fleas, ticks, or lice be observed on my pet(s) a flea/tick/lice treatment will be applied to my pet(s) and I will be responsible for any associated charges (cost is dependent on size of pet, species, and severity of infestation). _____

I agree to disclose any previous or current medical issues/concerns for my pet(s) so that the facility's staff can decide on suitability for daycare/boarding. _____

We cannot admit your pet(s) with stitches, bandages, casts, or splints. These pets have special needs that can be better served in a veterinary hospital setting. _____

We cannot accept any pet that is pregnant or in heat. _____

Medications

We can accept pet(s) that need to have a medication given to them orally only (we do not accept any pet(s) that are diabetic or need any kind of injectable medication).
_____

The medication must be provided in a pill organizer for the duration of the pet(s) stay. You may bring additional medication in the original pill bottles for emergency situations.
_____

Bedding & Toy Policy

Although personal items are welcome, TSPR is not responsible for lost or destroyed items. We will accept (2) toys and (1) small/medium article of bedding per pet (items must be able to fit into our washing machine). _____

I understand that TSPR is not responsible for lost or destroyed items. I also understand that any repercussions from any destroyed personal items that the pet(s) might destroy is not the responsibility of TSPR (such as foreign body, pancreatitis, etc.). _____

Media Release

I give permission to have photos taken of my pet(s) and used on social media, names will not be released or posted on social media accounts. _____

I wish to decline the media release. _____

Payment Policy

Boarding is calculated by the ½ day, not by the night. Payment is due when services rendered. I have read the boarding requirements and understand the policies. _____

Emergency Contacts

Please list any emergency contacts below. Make sure to put the name and number of any contacts you wish to have on file.

TOWNE SQUARE PET RESORT

PRESCRIPTION INFORMATION FOR BOARDING PATIENTS

OWNER NAME: _____ DATE: _____

PATIENT NAME: _____

PRESCRIPTION NAME : _____

INSTRUCTIONS: _____

LAST DATE GIVEN: _____AT_____A.M. OR _____P.M.

PRESCRIPTION NAME: _____

INSTRUCTIONS: _____

LAST DATE GIVEN: _____AT_____A.M. OR _____P.M.

PRESCRIPTION NAME : _____

INSTRUCTIONS: _____

LAST DATE GIVEN: _____AT_____A.M. OR _____P.M.

Fees for medications that need to be filled or refilled during the time your pet is boarded will be added to your bill. Please bring appropriate medications and provide instructions.

I have read the above and I am in full agreement.

_____ _____

Signature of Owner or Agent Date