



Pawsitively Paradise Pet Resort Vacation Selections

Owner Profile

Owners Name: _____

Address: _____

Mailing Address, if different from above: _____

Home Phone #: _____ Cell #: _____

E-mail: _____

Emergency or other cell #: _____ Emergency Contact Name: _____

Relationship to owner: _____

Pet Information

Pet's Name: _____ Breed: _____ Color: _____

Pet's Birthdate: _____ Male: Female: Spayed: Neutered:

Vacation Itinerary

Check in Date: _____ Check out Date: _____

Check in Date: My pet already ate dinner today My pet already had all meds today

Extra Vacation Activities (Please List)

1. _____ Dates: _____

2. _____ Dates: _____

3. _____ Dates: _____

4. _____ Dates: _____

5. _____ Dates: _____

Bath Nail Trim Shed-less treatment Teeth Brushing

Yes it is OK for my pet to play after their bath

No it is NOT OK for my pet to play after their bath

***Pick-up time if getting a bath: _____ ***

Vacation Dining Options

Food: Own Dry Own Canned Both Other Paradise's Food Own Treats

Amount: _____

Schedule: Breakfast Lunch Dinner Free Feed

Special Instructions: Add Warm Water Mix in canned food Feed dogs Separately

Other: _____

IF YOUR PET HAS TROUBLE EATING, CAN WE ADD "GOODIES" TO THEIR FOOD?

YES: treats, wet food, pumpkin, cheese, chicken broth, peanut butter, etc.

NO: DO NOT ADD GOODIES

IF YOUR PET RUNS OUT OF FOOD, CAN WE GIVE THEM OUR FOOD?

YES

NO (charge applied for pickup of more food)

Snack Time

Afternoon: (\$2.00) Yes No

What Kind? Doggie Ice Cream Bakery Goodies Jerky treats

Dates: _____

Bedtime: (\$4.00) Yes No

What Kind? Green Beans & "bacon" Cupcake/muffin Soup of the Day

(They also get another time to potty before their snack.)

Dates: _____

Luggage (we never charge for bags!)

WE MAKE EVERY EFFORT TO KEEP YOUR PET'S ITEMS IN GOOD CONDITION, BUT WE CANNOT BE HELD RESPONSIBLE FOR LOST OR DAMAGED ITEMS. PLEASE DO NOT BRING BOWLS, CHOKING HAZARDS (RAWHIDES), OR BEDS.

Blanket: _____ **Towel:** _____ **Crate:** _____ **Toys: (please list)** _____

We will put a kennel mat down for those who do not bring in their own bedding.

Laundry for bedding if soiled (\$3.50): Yes No (I understand bedding may be soiled at pick-up)

Healthcare

Veterinarian or Clinic: _____ Phone #: _____

List of fears (storms, loud noises, vacuums, people, etc): _____

List of Allergies: _____

List of Previous illnesses or injuries (hips, legs, ears, vomiting, stomach, etc)

1. _____
2. _____
3. _____

On Regular Flea program? What kind? _____

Medicines: (How much per time, how many times a day and how many pills, syringes etc leaving with us)

Name and dose: _____ Reason Taking: _____ Special Instructions: _____	Name and Dose: _____ Reason Taking: _____ Special Instructions: _____
Name and Dose: _____ Reason Taking: _____ Special Instructions: _____	Name and Dose: _____ Reason Taking: _____ Special Instructions: _____

WE WILL ALWAYS CALL YOU IF WE HAVE CONCERNS ABOUT YOUR PET'S HEALTH.

Should we also call you about:

- Minor health issues (scratches, diarrhea, etc)
- Behavior issues (limited or no group play, etc)
- Other (Please list) _____
- Emergency Only

I give permission for _____ to visit while my pet stays at Pawsitively Paradise Pet Resort.

I give permission for _____ to pick-up my pet from Pawsitively Paradise Pet Resort.

(must have name or pet will not be released)

******MUST PROVIDE UP TO DATE VACCINATION RECORDS FROM VETERINARIAN******

Signature _____ Date _____

Happy Tails to you!

Pawsitively Paradise Pet Resort