



## Registration Kit

(Updated Sept 2014)

Thank you for your interest in Chesapeake Pet Resort & Day Spa,

Southern Maryland's most requested Pet Care Facility! We look forward to caring for you and your pets soon!

**Please note the following information, also outlined in detail on our website, [www.chessiepets.com](http://www.chessiepets.com) :**

### Office Hours:

**Mon – Fri: 8 am – 11 am & 3 pm – 4:45 pm** (Office is Closed 11 am – 3 pm)

**Sat: 8am -9:45 am Sun: 3pm – 4:45 pm** (Late arrivals may return the following day)

### Registration:

Please complete the attached registration kit and fax or deliver it to us in advance of Check-In and with a copy of your current Vaccination Records, to 301-373-5155.

### What to bring:

We provide all of the bedding, toys, bowls, and treats you will need. Please label any items brought from home with a Sharpie for prompt return at check out. We do not accept dog beds or raw hide treats, knuckle/leg bones, or Greenie treats, as they are choke hazards in this environment. We provide ample clean bedding and treats for your pet daily. All pets arriving must be on a leash or in a pet carrier. *We are not responsible for lost or damaged items.*

### Feeding:

We provide Pedigree dry dog food at no additional cost. You are welcome to bring your food of choice, and canned food, from home in pre-labeled zipper bags per pet per meal, as well as any special treats or canned food necessary. All food from home must arrive in a sealed plastic container for safe storage in the kennel. For cats, we provide dry cat food or you may bring your food of choice from home and any special cat litter needed. We provide clay litter at no additional fee. Complicated or elaborate feeding instructions will require additional fees.

### Medications:

**We are not Veterinarians.** If your pet is ill and requires significant medical care or elaborate and complex medication rituals, please board with your Veterinarian. Our fees start at \$5 per time to administer basic medications, including any pills, vitamins, supplements, you request be provided. Do not mix any pills in with food from home. Please review more detailed info on our Medication Policy on our website.



## **Health Requirements**

### **Vaccinations**

All pets entering our facility must provide current vaccination records administered by a licensed Veterinarian:

#### **Dogs:**

- **Rabies**
- **Distemper (DHLPP)**
- **Bordetella**

#### **Cats:**

- **Rabies**
- **Distemper**
- **Feline Leukemia** (*preferred, but not required*)

**Other Pets:** *case by case basis*

***Vaccinations should be administered at least 7 days prior to lodging with us, if not current in the last year, and faxed or delivered to us in advance of your arrival to 301-373-5155.***

### **Parasite Control**

All pet guests must be current on some form of topical flea and tick preventative, as prescribed by your Veterinarian. Please do not bring bedding from home, that may possibly have uninvited critters aboard, to then enter our facility. We provide ample clean, fresh, bedding twice or more daily as needed. Pets arriving with fleas or ticks will be turned away, or bathed, at our discretion, and at Owner's expense for any bathing, flea and/or tick removal.

### **General Health Policies**

Any pets arriving with evidence of coughing, sneezing, or otherwise readily apparent signs of illness or injury will not be permitted to stay.

Pets having had recent surgical procedures, current or recent infections or injuries, or other potentially immune compromising situations, or pets requiring extensive medications, should seek boarding with their Veterinarian. We are not a Veterinarian.

### **Pet Guest Restrictions**

We do not accept pets that are aggressive, destructive, escape artists or diggers, pets that are sick or heavily medicated, pets with extreme separation anxiety or other mental health issues, or "above and beyond" excessive barkers or howlers. Please arrange alternative pet care options in this case, such as in-home pet sitters, your Veterinarian, or a friend or family member.



## Registration

Today's Date: \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

*(Street or PO Box, City, State, Zip)*

Physical Address *(if different from Mailing Address)*: \_\_\_\_\_

*(Street, City, State, Zip)*

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Other phone #'s: \_\_\_\_\_

e-Mail (Please Print): \_\_\_\_\_

### Local Emergency Contacts (who can come and get your pets if necessary, or act on your behalf if we can't reach you)

#1) Name / Phone #'s / Relationship: \_\_\_\_\_

#2) Name / Phone #'s / Relationship: \_\_\_\_\_

Veterinarian: \_\_\_\_\_ Phone: \_\_\_\_\_

**Pet # 1** : Name: \_\_\_\_\_ Dog \_\_\_\_\_ Cat \_\_\_\_\_ Other: \_\_\_\_\_

Male: \_\_\_ Female: \_\_\_ Neutered/Spayed: Yes \_\_\_ No \_\_\_ Date of Birth or Age: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Weight: \_\_\_\_\_

Current for Flea & Tick Prevention? *(Required to stay with us)* Yes \_\_\_ No \_\_\_ Micro-chipped? \_\_\_\_\_

Has your pet ever bitten a person or other animal? Please Describe: \_\_\_\_\_

Has your pet ever shown aggression towards food/toys/treats? \_\_\_\_\_

Has your pet ever climbed or jumped over or dug under a fence, opened gates? \_\_\_\_\_

Is your pet destructive in any way? \_\_\_\_\_

Does your pet suffer from: **Seizures** \_\_\_ **Allergies** \_\_\_ **Arthritis** \_\_\_ **Other:** \_\_\_\_\_

Current Medications: \_\_\_\_\_

Medical issues or behavioral issues we should know about: \_\_\_\_\_

**Pet # 2** : Name: \_\_\_\_\_ Dog \_\_\_\_\_ Cat \_\_\_\_\_ Other: \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_ Neutered/Spayed: Yes \_\_\_\_\_ No \_\_\_\_\_ Date of Birth or Age: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Weight: \_\_\_\_\_

Current for Flea & Tick Prevention? (*Required to stay with us*) Yes \_\_\_\_\_ No \_\_\_\_\_ Micro-chipped? \_\_\_\_\_

Has your pet ever bitten a person or other animal? Please Describe: \_\_\_\_\_

Has your pet ever shown aggression towards food/toys/treats? \_\_\_\_\_

Has your pet ever climbed or jumped over or dug under a fence, opened gates? \_\_\_\_\_

Is your pet destructive in any way? \_\_\_\_\_

Does your pet suffer from: **Seizures** \_\_\_\_\_ **Allergies** \_\_\_\_\_ **Arthritis** \_\_\_\_\_ **Other:** \_\_\_\_\_

Current Medications: \_\_\_\_\_

Medical issues or behavioral issues we should know about: \_\_\_\_\_

**Pet # 3** : Name: \_\_\_\_\_ Dog \_\_\_\_\_ Cat \_\_\_\_\_ Other: \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_ Neutered/Spayed: Yes \_\_\_\_\_ No \_\_\_\_\_ Date of Birth or Age: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Weight: \_\_\_\_\_

Current for Flea & Tick Prevention? (*Required to stay with us*) Yes \_\_\_\_\_ No \_\_\_\_\_ Micro-chipped? \_\_\_\_\_

Has your pet ever bitten a person or other animal? Please Describe: \_\_\_\_\_

Has your pet ever shown aggression towards food/toys/treats? \_\_\_\_\_

Has your pet ever climbed or jumped over or dug under a fence, opened gates? \_\_\_\_\_

Is your pet destructive in any way? \_\_\_\_\_

Does your pet suffer from: **Seizures** \_\_\_\_\_ **Allergies** \_\_\_\_\_ **Arthritis** \_\_\_\_\_ **Other:** \_\_\_\_\_

Current Medications: \_\_\_\_\_

Medical issues or behavioral issues we should know about: \_\_\_\_\_



## Contract

Owner/Representative(s) Name(s) \_\_\_\_\_

Name & Breed of Pet(s): \_\_\_\_\_

Owner/ Representative hereby agrees to the following:

1. **Payment** is expected in full at Check-In, and/or before pet check-out, for all dates reserved, even if checking out early. Returned Check fee is \$50. Deposits are required upon request for any lodging dates to secure reservation.
2. **Deposits:** for reservations with 10 days or more cancellation notice will be credited for next visit, otherwise non-refundable
3. **Boarding fees are "Per Day,"** (not "per night,") including full rate for first day, regardless of check in time
4. **After Hours Fees** start at \$100 and are based only on our availability
5. **Lost Items:** Chesapeake Pet Resort is not responsible for any lost or damaged items brought from home
6. **Destructive Pets:** Owner hereby agrees to pay any fees associated with the destruction or damage of any of our property resulting from their pets, including bedding, bowls, doors, knobs, walls, enclosures, decorations, or anything.
7. **Fleas or Ticks:** Owner understands that pet(s) arriving with fleas/ticks will be turned away, or if Owner has already left property, consents to a flea and tick shampoo bath at their expense.
8. **Medical Attention:** Any and all related medical expenses will be paid by the Owner, including all Veterinary fees, medication, staff time and travel, additional care, monitoring, and medication dispensing, while in our care. Chesapeake Pet Resort, is not responsible for any issues or fees related to pre-existing, or senior pet/age related, medical conditions.
9. **Illness, Injury, or Infections:** Owner understands that illness, injury, and/or contagious infections, or fleas/ticks, may still occur in this environment, (Bloat, Kennel Cough, Dog Flue, Ear or Eye infections, etc), even with proper vaccinations and preventative measures, and agrees to hold harmless Chesapeake Pet Resort, Inc.

In the event of a medical emergency situation, Owner/Representative wants Chesapeake Pet Resort to:

- 1) Do whatever is necessary at any cost: \_\_\_\_\_
- 2) Do whatever is necessary but don't spend more than: \_\_\_\_\_
- 3) Other: \_\_\_\_\_

10. **Severe Weather/Emergency/Disaster Plan:** Owner hereby gives permission for Chesapeake Pet Resort and any designated parties to do whatever is necessary to protect their pets in a severe emergency, including moving off-site to a safe location, as deemed reasonable and necessary for any specific threat or emergency event.

Owner/Responsible Party Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Specific Instructions**

Today's Date: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Phone #'s: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Breed & Color: \_\_\_\_\_

*(Complete a separate form for each pet)*

**Feeding Information**

Type of Food and Amount

AM (type and amount): \_\_\_\_\_

MID (type and amount): \_\_\_\_\_

PM (type and amount): \_\_\_\_\_

**Medications: (\$5 & up, per time)**

Please list name of medication, what it is for (pain, antibiotic, etc) dose required, and time required (AM or PM, or a specific time required)

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

5) \_\_\_\_\_

**"Extras," Grooming, Other Add-Ons or information we should know:**