



REGISTRATION

Thank you for your interest in Chesapeake Pet Resort, Southern Maryland's most requested pet care facility! We look forward to caring for you and your pets!

Please note the following information, also outlined in detail on our website, www.chessiepets.com;

Office Hours:

Sunday – Saturday: 8:00 am – 11:00 am/3:00 pm – 5:00pm

Office is closed 11:00 am – 3:00 pm

Please complete the attached registration form and fax or deliver it to us in advance of check-in and with a copy of your current vaccination records. Our fax number is **301-373-5155**.

What to bring:

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

Feeding:

Please bring your own food of choice, dry and/or canned, 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, you must bring your food of choice from home and any special cat litter needed. We provide clumping litter at no additional fee. **(Note: keeping your pets on their regular diet is preferred and oftentimes eliminates any upset stomachs. If necessary, CPR will provide a rice only or rice and chicken diet to your pet to help with certain stomach disorders at addition cost.**

Medications:

Our fees start at \$3 - \$5 per time to administer basic medications, including any pills, vitamins, and/or supplements. Do not mix any pills in with food from home. More extensive information on our medication policy can be found 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 10 days prior to lodging** with us, if not current in the last year. Proof of vaccinations can be faxed, mailed, emailed or delivered to us in advance of your arrival.

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 with 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, may be turned away at owner's/manager's discretion.

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. We offer a free "get to know you day" for all **first-time boarders**.



REGISTRATION

Date: _____ How did you hear about us? _____

Name: _____

Mailing Address: _____

Physical Address: _____

If different from mailing address

Cell #: _____ Work #: _____ Home#: _____

Other phone #: _____ Cell Provider for Text MSG _____

EMAIL: _____

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 #/Relationship: _____

2. Name/Phone #/Relationship: _____

VETERINARIAN: _____ Phone #: _____

Pet #1 – Name: _____ **Dog** ☐ **Cat** ☐ **Other** ☐

Male ☐ Female ☐ Neutered/Spayed Yes ☐ No ☐ Date of birth: _____

Breed: _____ Color: _____ Weight: _____

Current for Flea & Tick prevention: (Required) 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/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: _____

Breed: _____ Color: _____ Weight: _____

Current for Flea & Tick prevention: (Required) 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/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: _____

Breed: _____ Color: _____ Weight: _____

Current for Flea & Tick prevention: (Required) 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/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 (s) hereby agrees to the following:

1. Payment is expected in full at check-out for all dates reserved, even if checking out early. Returned check fee is \$50.00. Deposits may be required upon request for any lodging dates to secure reservation.
2. Deposits for reservations within 10 days or more cancellation notice will be credited for next visit; otherwise, deposit is non refundable.
3. Boarding fees are "per day" (not "per night") including full rate for first day, regardless of check-in time. Pick ups after 11:00 am will be charged a full day of boarding. **Office is closed 11am-3pm, requests for check ins/outs outside of our regular office hours might be accepted on a case by case basis.** We try to accommodate your schedule without compromising the other boarders and staff.
4. Lost items: All items brought from home are logged into our system. We take every precaution to make sure these items are returned. Chesapeake Pet Resort is not responsible for any lost or damaged items brought from home.
5. 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, flooring and other.
6. Fleas and/or Ticks: Owner understands that pet(s) arriving with fleas/ticks will be turned away or if Owner has already left the property consents to a flea and tick shampoo bath at their expense.
7. 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.
8. 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 flu, ear and/or eye infections, etc). Even with proper vaccinations and preventative measures, Owner agrees to hold harmless Chesapeake Pet Resort.

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 only spend this amount on it: _____
3. Other: _____

9. 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

Owners Name: _____ Pet's Name: _____

FEEDING INSTRUCTIONS: *(complete a separate form for each pet)*

Type of Food _____ Treats _____

AM (amount) _____

MIDDAY (amount) _____

PM (amount) _____

Milkbones okay? _____

MEDICATIONS (\$3-\$5 per time)

Please list name of medication, what it is for, dose required and time required, and how to administer (i.e., taken with pill pocket/peanut butter, cheese, hotdog?)

1. _____

2. _____

3. _____

4. _____

5. _____

EXTRAS

Nature Walks - \$8 each

Group Play - \$8 each

Extra Playtime - \$8 each

TV Snuggle Time - \$8 each

Frozen Kong- \$2 each

Frosty Paws Treats - \$4 each

Pig Ears - \$3 each

Beggin Strips – 3 for \$2

Breakfast in Bed - \$7 each

Gourmet Dinner - \$7 each

Bath and/or Nails- prices vary

Full Service Grooming - prices vary