



Resort Admission Form - Feline

Please complete a separate form for each pet staying with us.

Pet's Name _____ Brief Description _____

Owner's Name _____ Emergency Name & # _____

Dates Staying _____

Feeding Instructions: - Did you bring your own food? *Yes / No* Did you bring your own treats? *Yes / No*
How often do you feed him/her? *Once per day (am / pm) Twice per day Free feed*
How much do you feed him/her at each feeding? *1/4 cup 1/3 cup 1/2 cup other _____*

Overall Health:

Does your pet have any allergies or other medical conditions? *Yes / No*

If yes, please describe: _____

(if your pet is on any medications, please complete the information on page 2)

Flea Policy: BFAHPR tries to take as many preventive measures as possible to eliminate the possibility of fleas, however, we cannot guarantee exposure to fleas is impossible.

Would you want us to provide Capstar prior to check-out in order to ensure your pet won't leave our facility with any fleas? (\$6.75) *Yes / No*

My pet is currently on flea preventative: *Yes / No*

If yes, what is it? _____ When was it last applied? _____

If my pet is found to have fleas on check-in, I understand he/she will require 2 doses of Capstar (one immediately and one before leaving) at a cost of \$13.50. **Owner's Initials** _____

Additional Services You Would Like: (please circle)

Extra TLC/Brushing (\$4.50) Extra Playtime w/ Resort Attendant (\$4.50)

Extra Treat (\$2.79) All-Inclusive = all of the above (\$8.50)

How often? *Every Day Every Other Day Other _____*

Bath (\$32.00) Pedicure (\$14.50) Spa Package = Bath & Pedicure (\$37.00)

Does your pet need to be seen by a veterinarian? *Yes / No* If yes, please ask for a drop-off form.

Vaccines: My pet is current on vaccines *Yes / No* **Staff Member's Initials** _____

In order to protect all of our guests, BFAHPR has a strict vaccination policy. All cats must be current on their rabies and FVRCP (feline distemper) vaccines to be admitted into our resort, and proof must be submitted prior to admission. In the event an error is made and my pet is lacking complete vaccination, I give consent to BFAHPR to update my pet on the necessary vaccine(s) (which will require an exam to administer) & assume full financial responsibility. **Owner's Initials** _____

Miscellaneous:

- Owners are encouraged to bring special items from home for their pet's stay (toys, bedding, etc). However, to ensure return of all belongings, please make sure they are all labeled with permanent marker.
- There will be a ½ day charge for dropping off before 2pm and picking up after noon.
- If you cannot pick up your pet yourself, please let us know who will do so & ask that person to bring a picture ID.

Consent for Admission:

The undersigned hereby warrants that he/she is the owner or authorized agent for the owner of the above animal & does hereby request, consent & authorize Best Friends Animal Hospital & Pet Resort (BFAHPR), its veterinarians, personnel and agents to care for & treat said animal. The undersigned also acknowledges that other animals will be located on the premises & hereby authorizes the necessary care & treatment for any condition that may endanger said other animals & hereby agrees to pay the customary charges for such treatments. This includes but is not limited to parasites. The undersigned acknowledges that no guarantees have been made except reasonable precautions against injury, escape or illness with the understanding that the undersigned will remain fully responsible for the cost of all services provided by BFAHPR & its authorized agents. Also understood is that if my pet develops diarrhea, a doctor will determine if the pet should be examined, have a stool test performed, and/or be placed on medication to help resolve the diarrhea for which I assume financial responsibility.

I also understand that if my pet becomes ill or injured, and medical treatment is deemed warranted, I will be contacted at my emergency number provided on page 1. If, however, I am not available, I understand that my pet will be treated by Best Friends Animal Hospital & Pet Resort's veterinarians and I will be financially responsible for such treatment.

Owner's Signature _____ Date _____

Medications: *If your pet is on any medication, please fill out the following (a \$2.95/day fee will apply).*

1) _____ for _____ dosage _____
name of medication condition
when _____ how _____
how many times per day, am, pm put in dry food meal (no charge), applied to certain area, etc.

2) _____ for _____ dosage _____
name of medication condition
when _____ how _____
how many times per day, am, pm put in dry food meal (no charge), applied to certain area, etc.

3) _____ for _____ dosage _____
name of medication condition
when _____ how _____
how many times per day, am, pm put in dry food meal (no charge), applied to certain area, etc.

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To Be Completed By Staff Upon Admission:

_____ will be staying in room# _____ which is a: Condo Ocean View Garden View
Upper Lower

Staff Initials _____ **Owner's Initials** _____