



Date: \_\_\_\_\_

Client Number: \_\_\_\_\_

REGISTRATION FORM

CLIENT INFORMATION

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

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_

Were you referred by anyone?  NO  YES – please provide there name so that we can thank them: \_\_\_\_\_

EMERGENCY CONTACT INFORMATION

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

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

Who besides yourself is authorized to pick-up your dog(s)?

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

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

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

MEDICAL INFORMATION

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

City: \_\_\_\_\_ Phone: \_\_\_\_\_

Does your dog take any medications?  NO  YES – please list below

Medication:	Directions	Will we be administering?
		<input type="checkbox"/> NO <input type="checkbox"/> YES
		<input type="checkbox"/> NO <input type="checkbox"/> YES
		<input type="checkbox"/> NO <input type="checkbox"/> YES

**PET INFORMATION**

Name:	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
Breed:	<input type="checkbox"/> INTACT	<input type="checkbox"/> ALTERED
Colors/Markings:		
Birthday (or day celebrated):		
Nicknames:		
License #:	County:	Microchip #:

**ADDITIONAL INFORMATION**

How did you hear about Lush Puppy Pet Resort?

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Has your dog ever been in day care before?  NO  YES

Is your dog crate trained?  NO  YES

Where did you get your dog?

How long have you owned you dog?

How many people are in your household? Adults: _____ Male _____ Female Children: _____ Male _____ Female	How does you dog act around children?
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Are there other animals in your household?  NO  YES – please list below

Species/Breed	Name	M/F	Intact/Altered	Age

Does your dog get along with the other resident animals?  YES  NO – explain

Is your dog housetrained?  NO  YES – do you use a command?

Does your dog bark a lot?  NO  YES – explain

What brand/type of food do you feed your dog?
Will we be feeding while at Lush Puppy Pet Resort? <input type="checkbox"/> NO <input type="checkbox"/> YES
Can your dog have treats while at Lush Puppy Pet Resort? <input type="checkbox"/> NO <input type="checkbox"/> YES How Many?
Does your dog have any allergies? <input type="checkbox"/> NO <input type="checkbox"/> YES – explain
Does your dog have any past or current injuries? <input type="checkbox"/> NO <input type="checkbox"/> YES – explain
Is your dog frightened by any noises/actions? <input type="checkbox"/> NO <input type="checkbox"/> YES – explain
Is your dog toy/food aggressive? <input type="checkbox"/> NO <input type="checkbox"/> YES – explain
Does your dog play well with others? <input type="checkbox"/> YES <input type="checkbox"/> NO – explain
Does your dog enjoy playing with specific size, breed or sex of dog? <input type="checkbox"/> NO <input type="checkbox"/> YES – explain
What toys does your dog enjoy to play with?
Does your dog have obedience training? <input type="checkbox"/> NO <input type="checkbox"/> YES – explain commands
Where does your dog like to be petted?
Does your dog have any sensitive areas on his/her body? <input type="checkbox"/> NO <input type="checkbox"/> YES – explain
Are there any specific kinds of people your dog automatically fears or dislikes?
Has your dog ever growled at a person? <input type="checkbox"/> NO <input type="checkbox"/> YES – explain
Has your dog ever bitten a person? <input type="checkbox"/> NO <input type="checkbox"/> YES – explain
Has your dog ever jumped/climbed a fence? <input type="checkbox"/> NO <input type="checkbox"/> YES – height?



Date: \_\_\_\_\_

## VET AUTHORIZATION FORM

Client Number: \_\_\_\_\_

I, \_\_\_\_\_ hereby authorize Lush Puppy Pet Resort to seek and obtain veterinary care for my dog(s) in the event of illness and/or injury. I do understand that I will be notified of any medical emergency, illness, and/or injury and that any veterinary costs incurred is my sole responsibility. I hereby authorize the use of my credit card for said purpose.

Visa  MC  AMEX

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Today's Date \_\_\_\_\_ Witness \_\_\_\_\_



Date: \_\_\_\_\_

## CLIENT AGREEMENT FORM

Client Number: \_\_\_\_\_

For myself, my heirs and any assigns, I hereby release **Lush Puppy Pet Resort**, its agents, officers, subcontractors, employees, animal parents, customers and potential customers of **Lush Puppy Pet Resort** from any and all liabilities for injuries to myself, my dog, and any other property of mine which arise in any way out of services and/or products provided by or as a consequence of my association with **Lush Puppy Pet Resort**. I acknowledge and understand that every dog reacts differently and that the animals, by nature are unpredictable. Dogs and animals may without warning, bite or cause injury to humans and other dogs. I acknowledge and understand that there are certain risks involved in overnight boarding, including but not limited to dogfights, dog bites to humans or other dogs and transmission of disease.

In the case of emergency or for the use of **Lush Puppy Pet Resort** transportation services, I recognize the risks of injury that accompany said transport and acknowledge that this RELEASE is being relied upon by **Lush Puppy Pet Resort** to permit transport of my pet(s) to and from any necessary location. Furthermore, I accept any and all conditions, rules, and regulations promulgated by **Lush Puppy Pet Resort** associated with the activities, use of facilities and transport and hereby agree to comply with them.

I, \_\_\_\_\_ grant **Lush Puppy Pet Resort** and/or its select agents full power of decision concerning the care and well being of our dog(s). Should any medical emergency arise, it is agreed that **Lush Puppy Pet Resort** or its selected agents can and will make any needed decision concerning medical treatment and choice of care giver. My signature below authorizes the use of my credit card for said purpose. With my signature below, I accept exclusive and sole responsibility for these and all other risks and release **Lush Puppy Pet Resort** and its selected agents of all liability, no matter the cause.

Visa  MC  AMEX

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Today's Date \_\_\_\_\_ Witness \_\_\_\_\_