Bubbles & Bows Tropical Pet Resort & Spa Inc.

Boarding/Daycare Enrollment Application

"WHERE YOUR PET IS ON VACATION TOO" & "WE'LL BARK IF WE WANT TOO"

Boarding Requirements: Must be up to date on the following: Bordetella, Parvo, Distemper, Rabies and fecal (every year). *To participate in group play, dogs over 6 months of age must be spayed or neutered. *Must not be aggressive towards people or dogs or aggressive over toys or food. *We must be able to handle by collar or leash. *Must be on an over-the-counter flea/tick preventative medication.

Orientation Required Appointment: Date	Time_				
Services of Interest \Box Daycare \Box Boarding	\Box Spa \Box	Training			
PET-PARENT INFORMATION					
Pet Parent #1		Phone:			
Dr.Lic #St Email:		Ad	dress:		
City:	Zip:	Work 1	Place		
Veterinarian Name/Address			Phone#	#	
Pet Parent #2	I	Phone:			
Number of dogs enrolling: If more registration form for each dog. How did you hear about Bubbles & Bows?					og
PETS NAME:	_ Breed/Descr	ription:			
Color/Markings	S	Spayed/Neutere	d*? □	Yes	
Weight: Birthdate	Age:		Gender	□ F	□ M
YOUR PETS FEEDING INSTRUCTIONS					
FEEDING INSTRUCTIONS: Food Type/Name_			Amount_		
Daily Strict Diet or Allergies? Expl	lain				
*I agree/give permission for my pet/pets to intera other pets while in the care of Bubbles & Bows_			-		
EMERGENCY CONTACT INFORMATION					
Name:	Pho	ne:			
Relationship:#2 *Note: All dogs over the age of 6 months old, or t					spayed

or neutered to be in Social Play Groups.

	here did you get your dog from? Breeder Rescue/Shelter Re-Homed Found w long have you had your dog?
Aı	ny known history that can help us, please describe:
	as your dog been in an open play daycare/boarding before? Last Visit? Experience?
	If your dog has been in open play daycare
	boarding before, what did you like the most and least about your last daycare/boarding provider?
	ke Most:
	ke Least:
	has your dog (check all that apply):
	Crate Trained/House Broken
	Escaped a crate/door, if checked explain:
	Climbed/Jumped fences, if checked explain:
	Eaten stool or other foreign objects, if checked explain:
	Does your dog go to dog parks or other off-leash environments? if yes, how are he/her social skills:
I, and to profin Ar occ	
Вl	abbies & Bows Tropical Pet Resort & Spa Inc.
	Owner Agreement
in that oth 1.	

- 2. <I further understand and agree that in admitting my dog(s) to Bubbles & Bows, we have relied on my representation that my dog(s) is/are in good health and have not harmed or shown aggressive or threatening behavior towards any person or any other dog.
- 3. <I further understand and agree that Bubbles & Bows and their Staff will not be liable for any problems which develop, provided that reasonable care and precautions are followed, and I hereby release them of any liability of any kind arising from my dog(s) attendance and participation in all programs my dog(s) are involved in.
- 4. <Inherent Risks of Play, Spa, Boarding & Grooming. I understand that Bubbles and Bows is an open-play environment and because of this there are inherent risks, which even when closely monitored, may result in the following:
- a. Transfer of communicable parasites or an illness such as, but not limited to, the canine papilloma virus also known as "puppy warts," or an upper respiratory illness like Kennel Cough, which can be caused by a contagious bacteria or virus.
- b. Injuries, usually benign, such as broken nails, sore pads, puncture wounds, abrasions and cuts, particularly in shorter coated breeds, etc.
- 5. <I Release Bubbles and Bows and their team will not be liable for any health or behavioral problems that develop in my dog(s), and I hereby release them of any liability of any kind whatsoever arising from my dog(s) attendance and participation at Bubbles and Bows. I am solely responsible for any harm, including to any other dog(s), to the employees or invitees of Bubbles and Bows, or to the equipment, physical plant, or other property of Bubbles and Bows caused by my dog(s) while my dog(s) is/are attending Bubbles and Bows.
- 6. <I further understand and agree that any problems which develop with my dog(s) will be treated as deemed best by staff of Bubbles & Bows Inc. at their sole discretion, and that I Assume full financial responsibility for any and all expenses involved.
- 7. < Because of Saliva of others using their mouths we do encourage a bath going home from all of the lots of playtime and interaction and activities. With Pool time and Water Park a Pre Bath is always required that can be done by you or arranged in our Spa. Life Jackets Required for Everyone!
- 8. < Any Fleas found present on your pet, Flea Treatment will be administered and charged a \$25.00 Fee.

*Others that can pick up your pet (Only listed allowed)
**I certify and I have read and understand the policies of Bubbles & Bows Boutique & Kennels Inc. A set forth on the preceding pages and that I have read and understand the conditions, and statements o this agreement & do not expect any rules to be altered for my circumstances.
Date: Signature of Owner:
Drivers License St. & #
GET TO KNOW ME MORE FORM:
☐ Has your dog ever nipped or bit anyone, if checked explain:
☐ Has your dog ever been dismissed from daycare/boarding, if checked explain:

Does	your dog readily share toys with other dogs? \square Yes \square No If no, please explain
	re any person, dog, or environment that makes your dog uncomfortable? Yes No If yes, please in:
_	your dog play well with dogs of all sizes/breeds? Yes No If no, please explain:
Are th	nere any types of breeds of dogs that your dog does not like? Yes No If yes, please explain
Has y	your dog had any interaction with puppies? \Box Yes \Box No If yes, please explain
My D	Oog Please check all that apply:
□ Ba	arks at dogs while on leash Barks at dogs that pass by the house Is shy/nervous around dogs
☐ Lik anima	tes to be chased by other dogs □ Likes to chase other dogs □ Plays rough □ Likes to hunt small als
Whicl	h commands does your dog know? (Please check all that apply.)
	□ Down □ Stay □ Come □ Heel □ Leave It □ Go to Crate □ Other: (describe
Which □ Sit	□ Down □ Stay □ Come □ Heel □ Leave It □ Go to Crate □ Other: (describe
	□ Down □ Stay □ Come □ Heel □ Leave It □ Go to Crate □ Other: (describe
	□ Down □ Stay □ Come □ Heel □ Leave It □ Go to Crate □ Other: (describe HEALTH HISTORY Check any that have occurred in the last 6 months:
	□ Down □ Stay □ Come □ Heel □ Leave It □ Go to Crate □ Other: (describe HEALTH HISTORY Check any that have occurred in the last 6 months: □ Ear Infections □ Eye Infections □ Allergies □ Gastritis/Bloat □ Heartworms
	Down Stay Come Heel Leave It Go to Crate Other: (described HEALTH HISTORY Check any that have occurred in the last 6 months: Ear Infections Eye Infections Allergies Gastritis/Bloat Heartworms Tapeworms Canine Cough Heat Stroke Seizures Fleas/Ticks Additional Health Concerns:
	□ Down □ Stay □ Come □ Heel □ Leave It □ Go to Crate □ Other: (describe HEALTH HISTORY Check any that have occurred in the last 6 months: □ Ear Infections □ Eye Infections □ Allergies □ Gastritis/Bloat □ Heartworms □ Tapeworms □ Canine Cough □ Heat Stroke □ Seizures □ Fleas/Ticks
	Down Stay Come Heel Leave It Go to Crate Other: (describe HEALTH HISTORY Check any that have occurred in the last 6 months: Ear Infections Eye Infections Allergies Gastritis/Bloat Heartworms Tapeworms Canine Cough Heat Stroke Seizures Fleas/Ticks Additional Health Concerns: Heart Vision Hearing Skin Hip/Elbow/Knee

This section is for any medications that need to be administered:

Medication Name/				Dosage		
Mon. AM	Initials Who Adm	/	Mon. PM	Initial Who Adm		
Tues. AM	Initials Who Adm	/	Tues. PM	Initial Who Adm		
Wed. AM	Initials Who Adm	/	Wed. PM	Initial Who Adm		
Thurs. AM	Initials Who Adm	/	Thurs. PM	Initial Who Adm		
Fri. AM	Initials Who Adm	/	Fri. PM	Initial Who Adm		
Sat AM	Initials Who Adm	/	Sat. PM	Initial Who Adm		
Sun. AM	Initials Who Adm	/	Sun. PM_	Initial Who Adm		