

Staff Initials: _____



Check-in Date: _____

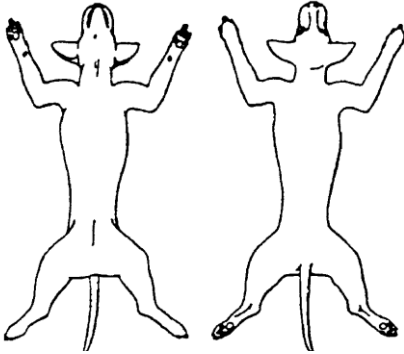
Check-out Date: _____

Health Assessment

Pet's Name (first and last): _____

Health Problems / Food Allergies: _____

(Check all that apply)



Temperament:

- Difficult
- Timid
- Room soiler
- Easily overwhelmed
- Aggressive with:
 - Female staff / dogs
 - Male staff / dogs
 - Toys
 - Food
- Aggressive when:
 - Touched (specify where)

Health Issues:

- Blind
- Deaf
- Arthritic
- Diabetic
- Epileptic
- Moles, Warts, Skin tags etc.
 - (Check off on diagram)
- Vomiting
- Diarrhea
- Allergies (Food / Seasonal)

Appearance:

- Coat
 - Matted
 - No Mats
- Skin Problems
 - (describe under "Health Problems")
- Face
 - Clear eyes
 - Cloudy eyes
 - Tear Stains / Discharge

Special Requests

Frontline / Heartgard (Singles) \$ _____

Request for updates to be done \$ _____

Any time the update requires the Four Seasons Pet Resort to schedule a time to bring your pet to the Borash Veterinary Clinic, may result in a convenience fee.

Medication Administration **\$3/pills, \$5 (injections)**
Includes prescriptions and vitamin supplements.

Holiday Meals **\$1 (meatball), \$5 (dinners)**
Includes your choice of a healthy meal that we provide during the stay (see form on desk regarding what we are serving)

Nail Trim **\$10 - 20 (varying on difficulty)**
Any pet that is too difficult or aggressive may be required to be brought to the Borash Veterinary Clinic for this service.

I did not provide food for my pet **\$5 per meal**
The FSPR will provide food for \$5 per meal

I do not have an emergency contact person other than myself

Bath \$ _____

Includes a basic bath with your choice of shampoo. We are not professional groomers. Matted pets will not be bathed.

Addl. Playgroups / One-on-One **\$15 each**

Includes one additional playgroup for 20 minutes / 20 minutes of one-on-one time spent exclusively with your pet.

Request for pet(s) to go out alone or just with other family pets

NO TREATS – Only what I supply

Spring Water ONLY (I will supply)

I do not want my pet to have collar on:

- In room
- At night
- At all

I do not have an email address

My pet has entered the Four Seasons Pet Resort with the above medical issues and/or conditions listed under "Health Assessment" and therefore, the Four Seasons Pet Resort will not be held liable for the aforementioned medical issues and/or conditions. I also agree to the services and additional costs as listed above under "Special Requests" (if applicable).

Owner's Signature: _____ Date: _____