

Staff Initials

\_\_\_\_\_



Health Assessment

Check-in Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Check-out Date: \_\_\_\_\_ Time \_\_\_\_\_

Pet's Name (First & Last): \_\_\_\_\_

Health Problems/Food Allergies: \_\_\_\_\_

\_\_\_\_\_

Feeding: \_\_\_\_\_

Food Brand: \_\_\_\_\_

Medication: \_\_\_\_\_

\_\_\_ Deposit Receipt

\_\_\_ Double Check Info

\_\_\_ Signed Hotel Policy

\_\_\_ Fecal-Yes/No

\_\_\_ Bath?

\_\_\_ We are doing vaccines Yes/No

\_\_\_ Brought Shampoo/Conditioner

\_\_\_ BVC Med Form

\_\_\_ Updated Email Address

\_\_\_ BVC Consent Form

Vaccines needed at time of reservation: \_\_\_\_\_

\_\_\_ Bath (Includes a basic bath with our shampoo. We are not professional groomers. Matted pets will not be bathed.)

\_\_\_ Request for updates to be done. (Anytime the update requires the FSPR to schedule a time to bring your pet to the BVC may result in a convenience fee)

\_\_\_ Meals/Treats (Home cooked meals \$5, Meatballs \$1, Popsicles \$.50)

\_\_\_ No Treats Please! (Only what I provide)

\_\_\_ Nail Trim (Varying on the difficulty \$10-\$20)

\_\_\_ Spring Water (Only what I supply)

\_\_\_ One on Ones (\$15 for staff to spend 20 minutes of one on one time with pet)

My pet has entered the FSPR with the above medical issues and/or conditions listed under the "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.

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_