

The Pet Resort

16915 Roscoe Blvd. North Hills, Ca 91343

{818} 891-4472 Fax: {818} 893-1482

{GUEST INFORMATION & REGISTRATION}

Client # _____

Owner's Name:		Spouse/Other:	
Address:		Home Phone:	
City, State:		Work Phone:	
Zip Code:		Cell Phone:	
Driver License #:		Other Phone:	
Social Security #:		Emergency Phone:	
Veterinarian:	Address:	Phone:	

1st Pet

Guest Name:				
Breed:		Male or Female	Neutered/Spay: Yes or No	
Color:		Birthdate:	Weight:	
Is your pet under treatment for any condition?				
Is your pet on a special diet?				
VETERINARY RECORDS				
DHP-P	BORDETELLA	RABIES	FVR-CP	NOTES:

How did you hear about us? {1} Phone Book {2} Website {3} Referred By:

It is the Policy of the Pet Resort to offer conscientious, affectionate, individual care for each animal left in our trust. We will provide clean, sanitary and safe quarters. Guests will be fed regularly according to the owner's instructions and special medications will be administered as directed. All animals boarded or otherwise cared for will be handled without liability on the part of Pet Resort from loss, injury, disease, fire, or injury to persons, property or other pets by said animal. All pets are handled humanely and in accordance with Sec.1834.5 California Civil Code. If your pet should become ill or have other problems, which in the opinion of the management require medical attention, you will be notified at once. If notification is not possible, or if the state of your pet's attention demands quick action, we will secure immediate veterinary care. Medical expenses incurred will be the responsibility of the pet's owner, and are payable at the time of the pet's discharge from the Pet Resort or Adler Veterinary facility.

I Further understand that all pets are received and released only during business hours. Pets that are not picked up within 14 calendar days after the scheduled departure will be deemed to be abandoned {Sec.1834.5 California Civil Code}. I Have read and agree to the above policy and authorization is hereby given to the Pet Resort to correct any deficiencies.

Date _____ Signature _____

{ADDITIONAL PETS}

2nd. Pet

Guest Name:					
Breed:		Male or Female	Neutered/Spay: Yes or No		
Color:		Birthdate:		Weight:	
Is your pet under treatment for any condition?					
Is your pet on a special Diet?					
VACCINATION RECORD					
DHP-P	BORDETELLA	RABIES	FVR-CP	NOTES:	

3rd. Pet

Guest Name:					
Breed:		Male or Female	Neutered/Spay: Yes or No		
Color:		Birthdate:		Weight:	
Is your pet under treatment for any condition?					
Is your pet on a special Diet?					
VACCINATION RECORD					
DHP-P	BORDETELLA	RABIES	FVR-CP	NOTES:	

4th. Pet

Guest Name:					
Breed:		Male or Female	Neutered/Spay: Yes or No		
Color:		Birthdate:		Weight:	
Is your pet under treatment for any condition?					
Is your pet on a special Diet?					
VACCINATION RECORD					
DHP-P	BORDETELLA	RABIES	FVR-CP	NOTES:	