

Treasured Pets Resort & Spa, LLC  
Boarding Application, Questionnaire & Contract Agreements  
2643 Narnia Way, Suite 101  
Land O' Lakes, FL 34638  
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www.TreasuredPetsResortandSpa.com



## **BOARDING APPLICATION**

### **Owner's Information**

Name: \_\_\_\_\_ Spouse: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_  
Cell Phone: ( ) \_\_\_\_\_  
Work Phone: ( ) \_\_\_\_\_  
Email address: \_\_\_\_\_

***Emergency Contact Name:*** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_  
Work Phone: ( ) \_\_\_\_\_

How did you hear about us (please be specific): \_\_\_\_\_

### **Veterinarian Information:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

### **Pet's Information:**

**Name of Pet:** \_\_\_\_\_

Dog: \_\_\_\_\_ Cat: \_\_\_\_\_ Other: \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_

Neutered: \_\_\_\_\_ Spayed: \_\_\_\_\_

Breed: \_\_\_\_\_

Color: \_\_\_\_\_

Age: \_\_\_\_\_ Birth date: \_\_\_\_\_

Is your pet microchipped? Yes \_\_\_ No: \_\_\_ Is yes, please list microchip # \_\_\_\_\_

What commands does your pet understand? \_\_\_\_\_

What command/s would you like your pet to learn? \_\_\_\_\_

### **REQUIRED VACCINATIONS:**

#### **Dog:**

Rabies Expiration: \_\_\_\_\_

Distemper Expiration: \_\_\_\_\_

Parvovirus Expiration: \_\_\_\_\_

Parainfluenza Expiration: \_\_\_\_\_

Bordatella Expiration: \_\_\_\_\_

#### **Cat:**

Rabies Expiration: \_\_\_\_\_

Feline Leukemia Expiration: \_\_\_\_\_

FCVVRP Expiration: \_\_\_\_\_

**HEALTH AND TEMPERAMENT QUESTIONNAIRE**

How much does your pet weigh? \_\_\_\_\_  
Does your pet have hip dysplasia? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
Is your pet in heat? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
Is your pet on any medication? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
If yes, medication name & dose amount: \_\_\_\_\_

Which flea prevention product do you use? \_\_\_\_\_ Date of last dose? \_\_\_\_\_  
Which heartworm prevention product do you use? \_\_\_\_\_ Date of last dose? \_\_\_\_\_  
Does your pet have any allergies? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
If yes, what is your pet allergic to? \_\_\_\_\_

Is your pet on a prescription diet? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
If yes, what brand and what special instructions?  
\_\_\_\_\_  
\_\_\_\_\_

**\*\* FOOD FROM HOME MUST BE IN SEALED AND LABELED CONTAINERS. \*\***

What brand of food is your pet on? \_\_\_\_\_  
How many times a day does your pet eat? \_\_\_\_\_  
How much food per serving? \_\_\_\_\_  
Do you feed at specific times? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, what times \_\_\_\_\_  
Is your pet a finicky eater? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
Is your pet food aggressive/protective? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
Is your pet toy aggressive/protective? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
Is your pet a climber? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
Has your pet ever climbed a fence? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
Is your pet a jumper? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
Has your dog ever bitten anyone? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
If yes, were they provoked or did they attack?  
\_\_\_\_\_

Does your pet have any specific fears or dislikes? (ex: people, objects, noises, weather)  
Yes: \_\_\_\_\_ No: \_\_\_\_\_  
If yes, what fears or dislikes? \_\_\_\_\_  
\_\_\_\_\_

Does your pet have any specific likes? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
If so, what? \_\_\_\_\_  
\_\_\_\_\_

List any special Boarding instructions:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CONTRACT AGREEMENTS**

**Health & Temperament Certification**

I, \_\_\_\_\_, hereby certify that my pet \_\_\_\_\_ is in good health and has not been ill with any communicable disease in the last 30 days. I further certify that my dog has not harmed or shown aggressive or threatening behavior towards any person or other dog.

\_\_\_\_\_  
Owner's Signature

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

**Off Leash Agreement**

While under supervision and within a contained (fenced) area, my dog is allowed to exercise off his/her leash.

\_\_\_\_\_  
Owner's Signature

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

**TPRS Policies**

I, \_\_\_\_\_, hereby certify that I have read AND fully understand Treasured Pets Resort & Spa policies.

\_\_\_\_\_  
Printed Name of Owner:

\_\_\_\_\_  
Owners Signature

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

THIS CONTRACT APPLIES TO ALL PETS BOARDED BY OWNER AND REMAINS IN EFFECT FOR RETURN VISITS.

Treasured Pets Resort & Spa, LLC  
Boarding Application, Questionnaire & Contract Agreements

1. The Owner agrees to pay the rate for boarding in effect on the date your pet(s) is checked into the facility.
2. Owner further agrees to pay all costs and charges for special services requested and all veterinary costs for your pet during the time the pet is in the care of Treasured Pets Resort & Spa, LLC.
3. The Owner further agrees that the pet(s) shall not leave the facility until all charges are paid to Treasured Pets Resort & Spa, LLC by the Owner.
4. By signing this Contract and leaving your pet(s) with Treasured Pets Resort & Spa, LLC; the Owner certifies the accuracy of all information given about your pet(s).
5. Treasured Pets Resort & Spa, LLC shall exercise reasonable care for your pet(s) for the duration of their stay. It is expressly agreed by Owner and Treasured Pets Resort & Spa, LLC that Treasured Pets Resort & Spa, LLCs' liability shall in no event exceed the lesser of the current value of the pet of the same species or the sum of \$100.00 per animal boarded. The Owner further agrees to be solely responsible for any and all acts or behavior of the pet(s) while in the care of Treasured Pets Resort & Spa, LLC.
6. The Owner specifically represents to Treasured Pets Resort & Spa, LLC that the pet(s) has not been exposed to rabies, distemper, parvovirus, tracheobronchitis (kennel cough) or any other communicable disease, or any illness within a thirty-day period prior to boarding.
7. If the pet(s) becomes ill or if the state of the animal's health otherwise requires professional attention, Treasured Pets Resort & Spa, LLC, in its sole discretion, may engage the services of a veterinarian, administer medicine or give other requisite attention to the animal, and the expenses shall be paid by the Owner.
8. I further understand and agree that Treasured Pets Resort & Spa, LLC and their staff, agents, representatives and volunteers, will not be liable for any problems that develop provided reasonable care and precautions are followed, and I hereby release them of any liability of any kind whatsoever arising from my dog(s) during their boarding at Treasured Pets Resort & Spa
9. This Contract contains the entire agreement between the parties. All terms and conditions of the Contract shall be binding on the heirs, administrators, personal representatives and assigns of the Owner and Treasured Pets Resort & Spa, LLC.
10. Any controversy or claim arising out of, or relating to this contract, or the breach thereof, or as the result of any claim or controversy involving the alleged negligence by any party to this contract or breach thereof, shall be settled in accordance with the rules of the American Arbitration Association and judgment upon the award rendered by and arbitrator may be entered in any court having jurisdiction thereof. The arbitrator shall, as part of his award, determine an award to the prevailing party of the cost of such arbitration and reasonable attorney's fees of the prevailing party. If you do not understand this contract, contact an attorney before signing.

\_\_\_\_\_  
Treasured Pets Resort & Spa, LLC Representative

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

\_\_\_\_\_  
Printed Name of Owner:

\_\_\_\_\_  
Signature of Owner:

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



Treasured Pets Resort & Spa  
*a home away from home*

### **Treasured Pets Resort and Spa, LLC Release and Hold Harmless Agreement**

The undersigned for and in consideration of the services provided by Treasured Pets Resort and Spa, LLC agrees to save and hold harmless Treasured Pets Resort and Spa, LLC and its owners, operators and employees from any damages, loss or claims arising from any pre-existing condition of the undersign's pet(s), either known or unknown to Treasured Pets Resort and Spa, LLC.

The terms services or handling shall include, but not be limited to, veterinarian emergency services, boarding, care-taking and/or transporting.

In the event an emergency should occur with my pet(s), or in the event special services or handling are required as deemed necessary by Treasured Pets Resort and Spa, LLC in the care of my pet(s), I agree to pay all such costs.

Said damages, loss or claim shall include, but not be limited to, death, injury or shock. Said pre-existing conditions shall include, but not be limited to, advanced age, extreme nervousness, neurosis, illness, malformation or previous injury.

**DESCRIPTION OF PET:**

**PET OWNER:**

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

Signature: \_\_\_\_\_

Breed: \_\_\_\_\_

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

Color: \_\_\_\_\_

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

D.O.B. \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

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