

FloridaWild Veterinary Hospital & The Funky Mutt Market

Guest Registration

Date: _____

Owner's Name: _____ Spouse/Significant Other: _____

Phone Numbers: (H) _____ (C) _____

Emergency (name & number) _____

Please ensure the above phone numbers are correct in case we need to contact you.

I will be picking up on DATE: _____ AM PM *(if being bathed or groomed, bath will be done the day before for AM pick-up)

Please contact us if your pet's visit with us will be longer than anticipated as we have limited space available.

Has your pet recently experienced any of the following?

Coughing NO YES _____

Sneezing NO YES _____

Vomiting NO YES _____

Diarrhea NO YES _____

Surgical Procedure NO YES _____

Other illness or injury NO YES _____

Is your pet currently on heartworm and/or flea prevention? NO YES

*****Please note if fleas and/or ticks are present, medication(s) must be administered and there is a fee for this service*****

FOR OUR AVIAN BOARDERS:

Is your bird FLIGHTED? NO YES

We **HIGHLY RECOMMEND** a wing trim while boarding here to ensure your pet's safety.

May we trim the wings? NO YES

I have provided my own food. There is an additional fee of \$3.00 per day for food if you have not provided meals for your pet.

FEEDING INSTRUCTIONS: _____

For an additional fee of \$1.00 per day, your pet will be given Vetri-Mega Probiotic, a formulated probiotic to support the gastrointestinal tract of dogs. This is to decrease the chance of stress related diarrhea.

Administer PROBIOTIC DO NOT administer PROBIOTIC

Personal Belongings (Please limit to 2 per pet)

Is your pet on medications Yes No (There is an additional fee for medicating)

Medication/Supplement	Amount	AM	Noon	PM
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Spa Services

Your pet may benefit from a variety of Spa Services provided while staying with us. There is an additional fee for these services. Please note that pets receiving baths or grooms will not be ready until after 2pm.

- Pawdicure only
- Exit Bath
- Grooming (Please specify below)

Grooming Instructions: _____

It is our privilege to care for your pets. Thank you for this opportunity.

Owner Release Form for Boarding Guests

I, _____, understand FloridaWild/Funky Mutt takes _____'s health and happiness very seriously, and that FloridaWild/Funky Mutt will do their best to provide a comfortable, safe and loving environment for _____.

I understand FloridaWild/Funky Mutt cannot guarantee the health of _____, and that I will not hold FloridaWild/Funky Mutt responsible for any conditions that are unavoidable while boarding, such as but not limited to weight loss, hair loss, upper respiratory infections, bronchitis, diarrhea, fleas and ticks.

I understand _____ must be protected against communicable and contagious diseases, and must be free of internal and external parasites, or will be treated at my **expense**. I understand I must comply with FloridaWild/Funky Mutt Market vaccination and testing protocol in order for _____ to be boarding or daycare guest, unless my veterinarian has specifically requested that vaccines are not to be given. In this event, I must provide written documentation from my veterinarian stating why vaccines are not being administered, unless my veterinarian is directly affiliated with FloridaWild Veterinary Hospital, in which case a verbal release will suffice. FloridaWild/Funky Mutt Market vaccination and testing protocol is as follows:

Dogs: Rabies, DHP, Bordetella and Intestinal Parasite Exam (must be negative)

Cats: Rabies, FVRCP and Intestinal Parasite Exam (must be negative)

Birds: Chlamydia Test and PBFD Test (breed-specific)

I understand that in the event of _____'s illness, the staff will immediately attempt to contact me or my agent to discuss the problem(s) and treatment options. In the event that the staff is unable to contact me immediately, FloridaWild Veterinary Hospital is therefore authorized to initiate appropriate treatment until I or my agent can be reached. I agree to pay, in full, all charges for necessary services rendered.

Should an EMERGENCY arise, I authorize the medical staff of FloridaWild Veterinary Hospital to perform such emergency procedures as may be necessary for the health of _____ until I or my agent can be reached. I agree to pay, in full, all charges for necessary services rendered.

Initials _____ (Emergency procedures are not to exceed \$ _____)

I understand FloridaWild/Funky Mutt is not responsible for loss or damage to any and all personal items left with _____, including but not limited to leashes, collars, toys and bedding.

FloridaWild will use all reasonable precaution against injury, escape or harm of _____. FloridaWild Veterinary Hospital & Wellness Center, and its staff, will not be held liable for any problems that develop, provided reasonable care and precautions are followed.

I understand if I choose to allow _____ to be involved in group activities with other boarding or daycare guests, I will not hold FloridaWild responsible for injuries sustained by another pet. FloridaWild/Funky Mutt staff members strive to ensure dogs of equal size and temperament are placed together in small groups for supervised play time, and will never knowingly place an aggressive pet into a group-play environment. However, there is the possibility of injury any time dogs play together, even if no aggression is exhibited by any pet in the group.

I authorize _____ to be involved in group activities with other pets.

I do NOT authorize _____ to be involved in group activities with other pets.

Owner's signature: _____ Date: _____

Agent's name and signature, if applicable: _____ Date: _____