



Rover's Resort

REGISTRATION FORM

Call 920-450-6578 to schedule an assessment

Check our website roversresort.net for more information

OWNER INFORMATION

Owner Name: _____

Additional Owner: _____

Address: _____

Phone # 1: _____

Phone # 2: _____

Email: _____

(Please circle preferred method of contact)

EMERGENCY CONTACT

Name: _____

Phone #1: _____

Phone #2: _____

AUTHORIZED TO PICK UP

PET INFORMATION

Dog Name: _____

Breed: _____

DOB: _____ Color: _____

MALE / FEMALE

SPAYED / NEUTERED: _____

VETERINARIAN INFORMATION

Veterinary Clinic: _____

Phone #: _____

Vet Name: _____

Please include vaccination records.

Dog Name: _____

Please help us get to know your dog:

● **Allergies, Medications, Health Concerns:** _____

● **Behavioral Concerns:** _____

● **Training:** _____

● **Daycare Experience:** _____

● **Feeding Schedule:** _____

● **Crate Behavior:** _____

● **Anything else that you would like us to know:** _____

ROVER'S RESORT DAYCARE/BOARDING CONTRACT

Please initial each one

This is a contract between Rover's Resort Inc. and _____ (Owner's Name), who makes the following acknowledgments and agrees to the following terms:

- _____ I understand Rover's only offers boarding to our steady daycare/boarding dogs. (Steady dogs are those who visit us twice per month, either for daycare, boarding, or a combination of both.)
- _____ I understand my dog must be spayed or neutered to attend Rover's. Puppies must be spayed or neutered by six months.
- _____ I understand I must have my dog on leash when arriving and leaving Rover's Resort.
- _____ I understand that my dog must wear a quick release collar for the dog's safety. **(No buckle collars allowed.)**
- _____ I understand that my dog must wear a name tag.
- _____ I understand that my dog's nails must be trimmed for everyone's safety AND agree to pay Rover's Resort to trim my dog's nails if they deem necessary.
- _____ I understand I must pay Rover's Resort Inc. the standard rate for boarding/daycare. I also agree, to pay all late charges of an additional \$5.00 (plus tax) per 15 minutes after 6pm.
- _____ I understand that any images of my dog(s) in a media format (pictures, videos, etc) are property of Rover's Resort Inc. and can be used for publicity/advertising.
- _____ I understand and give my permission to implement Rover's behavioral/disciplinary techniques - verbal correction, leash walk, timeout, use of training collar (in that order).

Medical:

- _____ I understand that, despite Rover's Resort Inc. best efforts to maintain the safety of every dog and human, there are certain risks involved in dog daycare and boarding. These risks include but are not limited to scratches, cuts, tooth marks, bruising, pulled muscles, broken toenails, sore or injured pads, or contracting diseases/infections (ex. Kennel cough, Parvo, worms, fleas, etc.) from other dogs. I will be responsible for my dog's veterinary bills and any other costs incurred due to injury.
- _____ In case of an emergency, I authorize Rover's Resort Inc. to seek medical attention for my dog(s) to treat any and all serious medical conditions. Rover's Resort Inc. will make every attempt to contact the owner/emergency contact person and personal veterinarian before administration of care. I agree to pay for all medical expenses incurred as a result of medical treatment. In the event that Rover's Resort Inc. incurs any costs, it will be my responsibility to reimburse them.
- _____ I understand, that if my dog is on any medication it MUST be in the prescribed container, in a plastic bag with specific instructions written clearly on the bag. DO NOT put the medication in the dog's food.
- _____ In case of emergency whereas I or my designated emergency contact person cannot be reached, I agree to allow:
- | | |
|--|---|
| <input type="checkbox"/> No care until my emergency contact or I can be reached. | <input type="checkbox"/> \$0-\$500 in medical treatment |
| <input type="checkbox"/> \$0-\$1,000 in medical treatment | <input type="checkbox"/> \$0-\$2,000 in medical treatment |

If any dispute arises from this agreement, it shall be resolved in accordance with the laws of the State of Wisconsin, and litigated in Wisconsin State Court in Outagamie County, Wisconsin. By signing this agreement, I acknowledge that I have read and understand all terms and agree to the terms and conditions contained herein.

_____ (Owner Signature) _____ (Date)