

The Retreat at Creekside

3744 Wadsworth Road, Norton OH, 44203

kennel@tracohio.com

Guest Information Form

One form per TWO PETS per year

Guest Information:

Pet Name 1: _____ Species: ☐ Dog ☐ Cat

Breed: _____ Color: _____

Sex: ☐ Male ☐ Female

Neutered or Spayed? ☐ Yes ☐ No

Age: _____ DOB: _____

Pet Name 2: _____ Species: ☐ Dog ☐ Cat

Breed: _____ Color: _____

Sex: ☐ Male ☐ Female

Neutered or Spayed? ☐ Yes ☐ No

Age: _____ DOB: _____

Owner Information:

Name: _____

Co-owner/Spouse: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Emergency Contacts:

Name 1: _____ Phone: _____

Name 2: _____ Phone: _____

Veterinarian Information:

Name: _____

Phone: _____

Health and Behavior Information:

Any health concerns or medical conditions? ☐No ☐Yes If yes, please explain below:

Pet Name

Health or Medical Details

Are they food aggressive? ☐No ☐Yes If multi-pet family, state who is below:

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If multi-pet family, do they need separated to eat? ☐No ☐Yes

Any known food or seasonal allergies? ☐No ☐Yes If yes, please explain below:

Pet Name

Allergy Details

Does the pet have any sensitive areas ☐No ☐Yes If yes, please explain below:

Pet Name

Sensitive Areas

Do they have a history of eating non-food times? ☐No ☐Yes If yes, please explain below:

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Are they good with humans and/or other animals? ☐Yes ☐No If no, please explain below:

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Is there anything else the Retreat staff needs to know? ☐No ☐Yes If yes, please explain below:

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Please see next page for Food and Medication Information

Food and Medication Information:

What are the feeding instructions?

<u>Pet Name</u>	<u>Name of Food or Treat</u>	<u>How much?</u>	<u>How Often?</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If they do not eat or run out of food from home, can they have house food? ☐ Yes ☐ No

If yes, do they prefer ☐ Wet ☐ Dry ☐ Both

Is your pet on any medications? ☐ No ☐ Yes If Yes, please list below:

<u>Pet Name</u>	<u>Name of Medication and Size</u>	<u>How much?</u>	<u>How Often?</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Method of medication administration: ☐ In food ☐ In Treat ☐ Directly in mouth ☐ Injection

If you give medication in food or treat, please share what the food or treat is below:

Signature: _____

Printed Name: _____

Date: _____

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Boarding Contract

One form per family per year

This document is an agreement between The Retreat at Creekside and the pet owner or their legal agent whose signature appears at the end of this document. The aforementioned pet owner/agent will be referred to as “The Owner”. “The Owner’s” pet(s) will be referred to as “Guest(s)”. The Retreat at Creekside, LLC. will be referred to as “The Retreat”.

1. By signing this agreement and dropping off the Guest(s), The Owner certifies that all information provided to The Retreat (either written or oral) is correct.
2. The Retreat reserves the right to deny admittance to any Guest(s) for any reason at any time.
3. The Owner certifies that they are legal owner of the Guest(s) and they are clear of any pending or active disputes over that fact.
4. The Owner also agrees to abide by all policies set by The Retreat after dropping the Guest(s) off for a stay at The Retreat.
5. The Owner also understands that The Retreat reserves the right to deny admittance to any Guest(s) who do not follow the vaccine policy, display signs of untreated or potentially contagious medical conditions, demonstrates aggressive behavior, or who fail to meet The Retreats standard health and temperament policies.
6. The Owner is aware that even though The Retreat’s staff ensure the Guest(s) boarding at The Retreat are abiding by The Retreats standard health and temperament policies, The Owner acknowledges that The Retreats staff are not trained veterinarians and are not expected to diagnose or detect illnesses in The Retreat’s Guest(s). The Owner also understands and agrees that vaccines do not completely protect the Guest(s) from illnesses that may affect the Guest(s). The Owner understands and agrees to assume all risks of illness, disease, harm or otherwise to their pet by allowing them to board at The Retreat.
7. The Owner agrees to pay the pet care rate that is in effect when the Guest(s) is checked into The Retreat.
8. The Owner agrees to be solely responsible for any and all of the Guest(s) acts or behavior while in the care of The Retreat, to include payment of costs for injury to staff or other Guest(s) and Owners. This also will include damage to the facility caused by the Guest(s). The Owner further indemnifies The Retreat against any claims made against The Retreat or its employees or members or other agents or losses or damages of any kind suffered by The Retreat as a result of The Owner’s failure to inform The Retreat of
 - a. any pre-existing condition the Guest(s) may have (such as illness or aggression problems) or which were otherwise caused by the Guest(s).
9. In the event of a medical emergency, The Retreat will attempt to contact The Owner, and the

Guest's(s) personal veterinarian as well at any emergency contacts provided by The Owner. The Retreat will follow emergency medical plan that The Owner designated The Retreat to use in case of emergencies.

10. The Owner agrees that if another party, (i.e. another person who is not on the approved pick up list) attempts to check out the Guest(s) without express verbal or written confirmation from The Owner, they will be denied access to the Guest(s). The Owner agrees that only The Owner is allowed to add parties to the approved pick up list. The Owner also agrees that The Retreat's management team will not and cannot override this policy.
11. The Owner agrees that any Guest(s) who is staying in a "Luxury" accommodation will be moved to a "General Boarding" accommodation if they are still checked in after their scheduled checkout time.
 - a. I agree that if my pet is left for ten (10) days beyond the scheduled checkout time that my pet may be put up for adoption or surrendered to the local animal authority, at the discretion of The Retreat at Creekside unless notification is received from The Owner. Initial: _____
12. The Owner agrees that if multiple Guest(s) belonging to that Owner, are found to be unfit to be boarded together after The Owner expressly stated they can be, will be separated into separate accommodations and The Owner will be charged for the additional accommodations for the remainder of the Guest(s) stay.

I agree that my pet's image and likeness can be posted onto The Retreat at Creekside Social Media Accounts. Initial: _____

As the Owner or Authorized Representative, I agree with the following payment policy: All balances for boarding services and products must be paid when the guest(s) is checking out or at time of sale. The Retreat at Creekside does not provide any billing. The Retreat at Creekside accepts American Express, Visa, Mastercard, Discover, Cash and Checks. Post-dated checks will not be accepted, and a returned check fee of \$35 dollars will be assessed for any check returned as non-sufficient funds. Initial: _____

Owner or Authorized Representative Signature

Owner or Authorized Representative Printed Name

Date

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Medical Release

One form per family per year

In the event that a medical emergency arises while a pet guest is at The Retreat at Creekside it is imperative that the Retreat at Creekside Staff are immediately able to get them medical treatment. The Retreat at Creekside's goal is to get your pet(s) medical attention as quickly as possible, and any distractions may interfere with that process. For that reason, it is a requirement to have our pet guest parent(s) sign this form.

If my pet(s) that are boarding at The Retreat at Creekside become ill, I request Creekside Animal Clinic provide all medical/surgical treatment deemed necessary. I acknowledge that in the event of my pet's illness, the staff of The Retreat at Creekside might not be able to contact me immediately. Nonetheless, the staff and Creekside Animal Clinic and The Retreat at Creekside are permitted to administer proper treatment to stabilize my pet until either I or one of my authorized agents can be reached. I agree to pay all related medical fees associated with the treatment of my pet until I can discuss further care with the attending veterinarian.

The Retreat at Creekside will call the emergency contact number(s) listed on my account to notify me before my pet is transported to Creekside Animal Clinic as The Retreat staff starts treatment as needed to maintain my pet's well-being. I understand I will be charged the associated fees for any services, diagnostics, or treatments necessary to stabilize my pet.

*In the event that the medical emergency occurs while Creekside Animal Clinic is closed, or if the size and scope of the medical emergency is deemed to be more than the clinic can reasonably handle, replace all instances of Creekside Animal Clinic with Metropolitan Veterinary Hospital.

Diarrhea is common among pets while boarding, due to stress. The Retreat at Creekside staff will administer a pro-biotic **FortiFlora @ \$2.50 per day** when they see a change in stool consistency. Should the problem persist for more than 24 hours, the staff will be in contact for further treatment options. Initial:

My pet currently does not have history of seizures, is not on any controlled medications, or is not experiencing any life-threatening conditions at this time, to the best of my knowledge. If yes, please explain:

In addition to the above policy on the health of my pet and any treatment that may be needed in the unlikely case of a medical necessity arising with my pet, I also agree to abide by The Retreat at Creekside's Medical Release policies:

- The Retreat at Creekside will not be liable for problems caused by my pet eating bedding or other items in his/her kennel or any other self-inflicted injuries from my pet's behavior while in the kennel.
- I will allow Creekside Animal Clinic Veterinarians to prescribe Metronidazole (an anti-diarrhea medication) if needed without a previous exam.
- I understand that while my pet(s) is fully vaccinated, that vaccines are not guaranteed and there is a small risk that my pet(s) may contact a contagious disease or illness. I agree that should this occur, I am responsible for my own pet's care, medical attention, and costs.
- I release The Retreat at Creekside, its staff, owners, and any representatives from all liability which I or my pet(s) may suffer including but not limited to injury, sickness, damage, or death resulting from participation in boarding.
- I represent that my pet is social and has not harmed or shown threatening behaviors towards any person, dog, or other animal. I understand The Retreat at Creekside reserves the right to move my dog to a Houdini Run if deemed necessary. I also understand that the rest of my pet's stay will be billed at the appropriate amount for the new accommodations.
- I agree to allow 14 days waiting period after my pet as had their vaccinations to allow the vaccines to reach full protection potential and to ensure my pet has not has any negative reaction to the vaccines. Should I allow my pet to stay at The Retreat at Creekside less than 14 days after vaccination I understand that my pet could be at risk of contracting a contagious virus/disease.
- I agree to disclose any previous or current medical issues or concerns of my pet so that The Retreat at Creekside's staff can decide of suitability for boarding.
- I release The Retreat at Creekside from any liability should my pet injure another pet or person and accept medical and legal responsibility for my pet's actions.
- I release The Retreat at Creekside from any liability should death of my pet occur for any reason while in daycare or off-site overnight boarding.

Owner or Authorized Representative Signature

Owner or Authorized Representative Printed Name

Date