

Vinings Important Pets
4199 Paces Ferry Rd. Ste-F
Atlanta, Ga. 30339
Phone: 770-319-0100 Fax: 770-434-7813

Pet Registration and Release Form

Owner Information

Name: _____ Address: _____

City/ State/ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email Address: _____

How did you hear about us? _____

Emergency Contact Information

Name: _____ Phone: _____

Name: _____ Phone: _____

Persons authorized to drop-off/ pick-up your pet: _____

Pet Information

Name: _____ Breed: _____ Color: _____

Age: _____ Weight: _____ Sex: F or M Spayed/ Neutered: Yes or No

Pets behavior with strangers: () Well Behaved () Fearful () Aggressive () Submissive () Dominant

Pets behavior with animals: () Well Behaved () Fearful () Aggressive () Submissive () Dominant

Has your pet ever bitten a person or another animal? If yes, please explain:

Veterinarian Office: _____ Phone: _____

Describe any pre-existing health conditions: _____

Describe any needed medication and dosage: _____

Feeding Instructions _____ Cups/ Can (Circle) Morning Afternoon Evening

*** Your pet will be fed Nutro brand Chicken/ Rice/ Oatmeal if food is not brought from home

What is your pets activity level? _____

Additional Pets Information

Name: _____ Breed: _____ Color: _____

Age: _____ Weight: _____ Sex: M or F Spayed/ Neutered: Yes or No _____

Policies and Disclaimers

Please read carefully and initial each point

Vaccinations

_____ V.I.P requires all pets vaccinations to be current and owner must provide documentation from veterinarian. Titer records are also accepted. ***If your pet is not current at time of admission, or we have not been given current records we cannot accept your pet.***

Canine Requirements: Rabies/ Dh1pp/ Bordetella all within one year

Feline Requirements: Rabies/ FVRCP within one year Ferrets/ Domestic Skunks: Rabies within one year

_____ I understand and agree that the Bordetella vaccination is required by V.I.P. to help in the prevention of kennel cough, however it is much like the flu shot and does not guarantee that a dog will not contract kennel cough. V.I.P. recommends that your pet receive the Bordetella vaccination every six months.

Medical Illness or Injury

One of the advantages of having your pet at a facility that has 24 hr care is that emergency attention is readily available should the need arise. If your pet becomes ill V.I.P. will call emergency number listed regarding your pet's condition. If no one can be reached however, we will take your pet to the veterinarian listed on this contract during the day or Cobb Emergency at night. The veterinarians will do their best to treat your pet's condition and resolve discomfort and medical issues. Payment must be made in full to the veterinarian at the owners expense. In the event that you and your emergency contacts are unreachable please list the maximum amount of money you authorize for use for emergency treatment until you are able to be contacted. V.I.P. staff will make attempts to reach you several times during the day and night.

Amount _____ Owner's Signature _____ Date: _____

_____ I understand that leaving a pet in a kennel is like leaving a child at school. Colds, cough, viruses, etc. may occur. I am aware in such cases V.I.P. will have a veterinarian treat my pet if state of the pets health requires professional attention. Owner gives consent to V.I.P. to act in the owners behalf in obtaining emergency pet care at the owner's expense. Owner agrees to indemnify and holds V.I.P. harmless from sale expenses.

_____ Owner agrees to indemnify and holds V.I.P. harmless from any and all expenses and liability incurred as a result of injuries owners pet inflicts upon any human or other pet while visiting V.I.P.

External Parasites

_____ To prevent the spread of external parasites such as fleas and ticks, owner authorizes V.I.P. to apply flea control treatment as needed for my pet at a cost of \$20.00 per treatment. One treatment required monthly. This treatment will be given if any external parasites are visible.

Boarding Policies

_____ V.I.P. shall exercise reasonable care for the owners pet while owners pet in the facilities custody. The owner recognizes the potential risks involves with group play/ dog daycare, boarding and grooming due to the unpredictable nature of animals.

_____ I understand that while boarding at V.I.P. dogs are placed in supervised daycare groups during business hours. Owners can request that their pet does not participate in daycare while boarding and in that case dog will be walked outside periodically during the day.

_____ V.I.P. reserves the right to change the level or type of daycare/ boarding or remove the pet from group play if in its sole discretion it is believed necessary to ensure the safety of the pet, other animals or our employees.

_____ V.I.P. is not responsible for lost or damaged items brought with animal including bedding, toys, leashes and collars, etc.

_____ I understand that weight loss in boarding facility is not uncommon even if a pet is eating normally.

_____ I understand that any medications being left with my pet must be counted out and only the amount needed for my pets stay be left along with full written instructions and purpose for medications.

_____ Any boarding stay longer than one calendar month will require half of said charges to be paid at admission as a deposit. Client is required to leave a valid credit card on file and keep accounts current on a bi-weekly basis.

_____ All charges incurred by owner shall be payable upon pick-up of pet. Owner further agrees that V.I.P. shall have the right to refuse to release owners pet to owner until all charges due to the facility are paid.

_____ Owner agrees to pick-up pets during business hours. If picking up after hours, owner must arrange payment with V.I.P. by leaving a valid credit card on file during business hours and pet will be released to owner by our overnight staff.

I have read all points and agree to all conditions of this contract.

Owner Signature _____

Print Name _____ Date: _____