

# THE RED HYDRANT™

🐾 Lounge & Suites 🐾

## Pet Registration Form

<b>Owner Name:</b>	
<b>Phone:</b>	
<b>Email:</b>	
<b>Address:</b>	
<b>City, State, Zip:</b>	
<b>Owner #2 Name:</b>	
<b>Phone:</b>	
<b>Email:</b>	

<b>Pet #1 Name:</b>	
<b>Age (Approx.):</b>	
<b>Breed:</b>	
<b>Weight:</b>	
<b>Sex:</b>	
<b>Neutered/Spayed:</b>	Yes or No (Circle one)
<b>Colors/Markings:</b>	
<b>Veterinarian Name and Phone:</b>	

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<b>Pet #2 Name:</b>	
<b>Age (Approx.):</b>	
<b>Breed:</b>	
<b>Weight:</b>	
<b>Sex:</b>	
<b>Neutered/Spayed :</b>	<b>Yes or No (Circle one)</b>
<b>Colors/Markings:</b>	
<b>Veterinarian Name and Phone:</b>	

<b>Pet #3 Name:</b>	
<b>Age (Approx.):</b>	
<b>Breed:</b>	
<b>Weight:</b>	
<b>Sex:</b>	
<b>Neutered/Spayed :</b>	<b>Yes or No (Circle one)</b>
<b>Colors/Markings:</b>	
<b>Veterinarian Name and Phone:</b>	

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<b>Pet #4 Name:</b>	
<b>Age (Approx.):</b>	
<b>Breed:</b>	
<b>Weight:</b>	
<b>Sex:</b>	
<b>Neutered/Spayed :</b>	<b>Yes or No (Circle one)</b>
<b>Colors/Markings:</b>	
<b>Veterinarian Name and Phone:</b>	

<b>Emergency Contact:</b>	
<b>Phone #:</b>	
<b>People Allowed to Pick Up Your Pet:</b>	

<b>Allergies:</b>	
<b>Medical Conditions: (please explain)</b>	
<b>Medications: (Name, Dose, Time)</b>	

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<b>Feeding Amount:</b>				
<b>Feeding Time:</b>	<b>AM</b>	<b>Midday</b>	<b>PM</b>	(Circle All That Apply)
<b>Feed With:</b>	<b>Others in the Household</b>		<b>Alone</b>	(Circle One)
<b>Feeding Notes:</b>				

## PET PERSONALITY:

Is your dog crate trained? .....oYes oNo

Has your dog been boarded before?.....oYes oNo

Does your dog have behavioral issues or destructive habits when left alone?.....oYes oNo

If so, please explain: \_\_\_\_\_

Does your dog get frightened by unfamiliar noises?.....oYes oNo

If so, please explain: \_\_\_\_\_

Does your dog have a fear of thunderstorms? .....oYes oNo

If so, please explain behavior: \_\_\_\_\_

Has your dog ever jumped or climbed over a fence? .....oYes oNo

If so, how high? \_\_\_\_\_

Has your dog ever bitten/hurt another dog or person? .....oYes oNo

If so, please explain: \_\_\_\_\_

Can you take food away from your dog without him growling/biting? .....oYes oNo

If not, please explain: \_\_\_\_\_

Has your dog ever socialized with a large group of dogs (i.e. dog park, daycare)? .....oYes oNo

If so, please describe situation and how your dog interacted with other dogs:

\_\_\_\_\_

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Will your dog readily share toys with other dogs? .....oYes oNo

If not, please explain behavior: \_\_\_\_\_

## **PET HEALTH:**

Does your dog have any "old" injuries that we need to be concerned about? .....oYes oNo If so, please explain: \_\_\_\_\_

Are there any restrictions that should be placed on your dog's activities? .....oYes oNo

If so, please explain: \_\_\_\_\_

Are there any areas on your dog that are sensitive to touch (i.e. paws, ears, hips, etc)? .....oYes oNo

If so, describe? \_\_\_\_\_

Other comments/information about your dog which you feel might be helpful?

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## Boarding & Daycare Waiver and Consent Form

This agreement shall apply to all boarding and daycare visits by your dog to The Red Hydrant Lounge & Suites. Please initial next to every point to indicate that you have read and understand.

\_\_\_\_\_ I represent that I am the legal owner or authorized by the owner of the dog(s) described on the application.

\_\_\_\_\_ I represent that my dog(s) is in good health, is current on all required vaccination for Canine Distemper, Rabies, and Bordetella (Kennel Cough), and is free of fleas, ticks, and lice and has not been ill with a communicable disease within the last 30 days.

\_\_\_\_\_ I understand that while my dog(s) is fully vaccinated, vaccines are not guaranteed and there is a small risk that my dog(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 cost.

\_\_\_\_\_ I release The Red Hydrant, its staff, owners, and any representatives from any and all liability which my dog(s) or I may suffer including but not limited to injury, sickness, damage, or death resulting from participation in daycare and boarding.

\_\_\_\_\_ I understand that although all dogs are fully supervised, incidents of injuries may occur from playing with other dogs, which include but are not limited to bites, scrapes, scratches, and sprains.

\_\_\_\_\_ I represent that my dog(s) is social and has not harmed or shown threatening behaviors towards any person or other dog. I understand that The Red Hydrant reserves the right to remove my dog from the play area and place my dog(s) in a separate holding area should my dog(s) display unwanted behaviors.

\_\_\_\_\_ I allow The Red Hydrant staff to contact my veterinarian should any injuries or illness require medical attention. I agree that I am solely responsible for any medical expenses acquired for my dog(s).

\_\_\_\_\_ In the event that I or my authorized contact cannot pick up my dog(s) at the agreed pick-up time, I authorize The Red Hydrant to provide additional overnight and daycare services at my expense.

\_\_\_\_\_ PHOTO AND VIDEO RELEASE: We love to post pictures and videos on Facebook, and our website. The owner agrees to allow The Red Hydrant to use the pet's name and any images or likeness of the pet taken while he/she is at The Red Hydrant, in any form, for use at any time, in any media, advertising, or promotional materials without compensation, and Owner releases to The Red Hydrant all rights that Owner may possess or claim to such image, likeness, recording, etc.

\_\_\_\_\_ RIGHT OF REFUSAL: The Red Hydrant reserves the right to refuse admittance to any dog or dismiss any dog that does not meet or maintain the health, temperament, or other

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daycare/boarding standards. The determination shall be made at the sole discretion of The Red Hydrant Staff.

\_\_\_\_\_The Red Hydrant accepts cash or credit cards. I agree to pay the service rates in effect for my dog's participation in activities at or with The Red Hydrant. I further agree to pay for any additional services requested such as grooming, drop-off, and/or pick-up service. A valid credit card must be kept on file at all times. Charges not paid in advance will be charged to the client's credit card. All services must be paid in full before the dog will be released to the client.

\_\_\_\_\_I accept the responsibility of paying for any damage to the facility, property, and/or equipment caused by my dog.

With my signature below, I certify that I have read and understood the agreement and waivers. I agree to abide by the regulations and accept all terms and conditions.

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

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

Date: \_\_\_\_\_

Dog(s) Name(s): \_\_\_\_\_

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## MEDICAL RELEASE FORM

This is a required form for all participants at The Red Hydrant Lounge & Suites receiving services.

First and foremost, the safety and well-being of your pet(s) is of the highest importance. Ensuring that your pet remains safe and well cared for is our first responsibility and as such, we take it very seriously. We do our best to have our pet parents screen for pre-existing health conditions but some factors may be beyond our control. In the event that a medical emergency arises while a pet is at our facility or participating in a service that we provide it is imperative that we are immediately able to get them medical treatment at the closest available facility.

We will call ahead to the veterinary offices in the closest proximity to us to ensure they can handle the emergency present. Your pet will be rushed to the closest available facility for treatment and you will be notified.

We notify the owner after we have secured a medical treatment center for the animal to avoid delays that may be caused by emotion on the part of the owner. Our goal is to get your pet medical attention as quickly as humanly possible, and any distractions may interfere with that process.

I give the attending veterinarian permission to start medical treatment. In the event that the medical expenses exceed \$\_\_\_\_\_, I request that The Red Hydrant representative or the attending veterinarian contact me before any further treatment is performed. I agree to reimburse The Red Hydrant Lounge & Suites for any and all expenses incurred for the medical treatment of my dog. Payment will be made upon receipt of the medical statement.

For that reason, it is a requirement to have our pet parents sign this form.

I understand that in the event of a medical emergency that The Red Hydrant, at its sole discretion, deems to need the immediate attention of a licensed veterinarian, I authorize The Red Hydrant Lounge & Suites to seek medical attention at the closest available veterinary facility. I also agree that I am financially responsible for any medical treatment my pet(s) receives as a result of a medical emergency while attending services provided by The Red Hydrant Lounge & Suites.

I hereby waive and release The Red Hydrant Lounge & Suites, its employees, and officers from any and all liability of any nature for any injury, death, or loss of my dog resulting from The Red Hydrant's actions or from the action of my dog or any other dog while in the custody of, or on the grounds or the surrounding area of The Red Hydrant Lounge & Suites, not resulting from the negligence of The Red Hydrant Lounge & Suites.

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

Date: \_\_\_\_\_

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



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## MEDICATION WAIVER FORM

The Red Hydrant Lounge & Suites will properly train any staff member who needs to administer medication to your pet. By signing this form, you or your representative \_\_\_\_\_(print name) agree not to hold The Red Hydrant Lounge & Suites, responsible for any adverse effects to your pet as a result of administering medication while in the care of Red Hydrant Lounge & Suites.

By signing this form, you acknowledge that you understand and accept the terms and conditions set forth by this agreement.

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SIGNATURE OF OWNER

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DATE

\*\*\*\*\*RED HYDRANT LOUNGE & SUITES DOES NOT GIVE INJECTIONS OF ANY  
KIND\*\*\*\*\*