

FRIENDLY FARMS PET RETREAT APPLICATION



OWNER INFORMATION

Name: _____
Address: _____

Telephone: _____ Email: _____

If we are unable to reach you, whom can we call? Please provide name and telephone number.

Please provide your veterinarian's name and contact information. _____

PET INFORMATION

Name: _____ Sex: _____ M/F Age: _____ Spayed/Neutered: Y / N

Breed: _____

Feeding Schedule: _____

Has your pet ever attended daycare or stayed at a boarding facility? _____

Are there any medical conditions or allergies? _____

Currently on medication? If so, please describe and note frequency. _____

Does your pet receive regular flea and tick treatments? If so, what kind and how often?

Please describe your pet's overall temperament: _____

How does your pet generally react to other animals? _____

How does your pet generally react to strangers? _____

Has your pet ever bitten anyone? _____

Has your pet ever tried to escape by digging/jumping/climbing/running? If yes, please describe.

Is your pet an inside or outside pet? _____ House trained? Y / N

Is your pet toy or food possessive? _____

Is there anything more you think we should know about your pet? _____

I, _____, as the owner of the above described pet, attest that I have answered the above questions truthfully and to the best of my knowledge.

Signature: _____ Date: _____

FOR INTERNAL USE ONLY BELOW THIS LINE

Approved for group play: _____ Assessment Performed By: _____

If no, explain: _____

**FRIENDLY FARMS PET RETREAT
MEDICAL RELEASE ACKNOWLEDGMENT**

This is a required form for all FFPR guests receiving services.

First and foremost, the safety and well-being of your pet is of the highest importance. Insuring 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. We will call our on-call veterinary office to insure they receive emergency care as deemed necessary. You will be notified that your pet is receiving care at the earliest possible time. However, our main concern is that we secure medical treatment for your pet.

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 FRIENDLY FARMS PET RETREAT, at its sole discretion, may contact veterinarian assistance as deemed necessary for the immediate attention and care of my pet. I further agree that I am financially responsible for any medical treatment my pet receives as a result of a medical emergency while attending services provided by FRIENDLY FARMS PET RETREAT.

Signature of Owner: _____

Printed Name: _____

Date: _____

**FRIENDLY FARMS PET RETREAT
PET CARE AGREEMENT**

1. I agree to comply with the policies, procedures and protocol of FRIENDLY FARMS PET RETREAT as provided to me in writing and I understand that non-compliance could result in refusal of services.
2. I understand and agree that FRIENDLY FARMS PET RETREAT has relied upon my representation that my pet is in good health and has not injured or shown aggression or threatening behavior to any person or animal and therefore permits admission of my pet for services at their facility.
3. I understand and agree that FRIENDLY FARMS PET RETREAT, their owners, staff, partners and volunteers, will not be liable, financially or otherwise, for injuries to my pet, myself or any property of mine while my pet is receiving services at their facility. I hereby release FRIENDLY FARMS PET RETREAT of any liability of any kind arising from my pets participation in any and all services provided by FRIENDLY FARMS PET RETREAT.
4. I understand and agree that any problems with my pet - behavioral, medical or otherwise - will be treated as deemed best by staff of FRIENDLY FARMS PET RETREAT in their sole discretion, and by any means they view as in the best interest of my pet. I understand that I assume full financial responsibility and all liability for any and all expenses involved in the treatment of my pet.
5. I understand and agree that, while all pets receiving services at FRIENDLY FARMS PET RETREAT have had their vaccinations, it is still possible for my pet to become ill, even if vaccinated. I understand this risk and agree that FRIENDLY FARMS PET RETREAT is not liable for any illness suffered by my pet during or after their stay at the facility.
6. I understand and agree that by allowing my pet to participate in services offered by FRIENDLY FARMS PET RETREAT, I hereby agree to allow them to take photographs or use images of my pet in print form or otherwise for publication and/or promotion.
7. I understand and agree that FRIENDLY FARMS PET RETREAT reserves the right to refuse service to my pet at the time of check in for any reason without limit if the my pet appears to be sick, injured, in pain, aggressive, or if the behavior of my pet seems to threatened the safety and well-being to any person(s) or animal(s) at the facility.
8. I understand and agree that in case of an emergency or natural disaster that FRIENDLY FARMS PET RETREAT will transport or move my pet to an alternate location to ensure the utmost safety.
9. I understand and agree that I am solely responsible, financially or otherwise, for any harm or damage caused by my pet while attending services provided by FRIENDLY FARMS PET RETREAT.
10. I hereby authorize FRIENDLY FARMS PET RETREAT to take whatever action is deemed necessary for the continuing care of my pet if my pet is not picked up on time or by the date specified at time of check in. I agree to pay FRIENDLY FARMS PET RETREAT the cost of any such continuing care upon demand. I understand that if I do not pick up my pet, FRIENDLY FARMS PET RETREAT will proceed according to the guidelines as provided by the State of Louisiana R.S. 3:2451-2454, Abandoned Animals. I also acknowledge that I will be fully responsible for all attorney's fees and associated costs if I abandon my pet.
11. I understand and agree that FRIENDLY FARMS PET RETREAT is not liable for any loss or damage to personal items provided by me for my pet.

Signature of Owner: _____

Printed Name: _____

Date: _____

**FRIENDLY FARMS PET RETREAT
POLICIES, PROCEDURES and PROTOCOL**

1. An application, medical release and agreement must be signed and on file with FFPR.
2. There is a minimum 2-day charge for all guests staying overnight at FFPR.
3. Payment is due upon check out for any services rendered.
4. Invoices are calculated based on check in time, days of stay and check out time.
5. Any check in after noon (12pm) and any check out before noon (12pm) will only be billed ½ day.
6. There is an additional charge for any pet checking out or in outside of normal hours.
7. Canines are required to have Rabies, DHLPP, Flu and Bordetella vaccinations prior to stay at FFPR.
8. Felines are required to have Rabies and FVRCP vaccinations prior to stay at FFPR.
9. All pet must be flea and tick free. If any pet is found to have fleas or ticks, they will be treated at FFPR and parents will be billed for services.
10. There are NO EXCEPTIONS to the vaccination polices of Friendly Farms Pet Retreat.
11. Lobby hours are 7-9am and 4-6pm Monday thru Friday for check in and check out of guests.
12. Saturday hours are 8-10am and 3-4pm for check in and check out of guests.
13. Sunday hours are 3-5pm for check in and check out of guests with a reservation.
14. FFPR is closed for check in or check out on the following holidays: Easter, Independence Day, Thanksgiving, Christmas Eve, Christmas Day and New Year's Day and an extra fee applies for guests staying at FFPR during those days.
15. There is a full staff at FFPR on all days including holidays listed above.
16. Daycare is billed by the day. There is a discount for multiple days purchased and days are not required to be consecutive and they never expire.

I have received a copy of these policies, procedures and protocol and understand and agree with the above.

Owner Signature:

Printed Name: _____

Staff Signature: _____

Copy in file (staff initial here) _____

Date: _____