



**Paula's Pet Paradise
Resort Registration
Phone/FAX 828-349-1900**

CONTACT INFORMATION

Owner's Name(s): _____

Address: _____

City: _____ State: _____ Zip _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

Primary Emergency Contact (Other than guest's parents):

Name: _____ Relationship: _____ Phone: _____

PET(S) INFORMATION

PET #1 Name: _____ Breed: _____

Color: _____ Gender: _____ Neutered/Spayed: Yes No

PET #2 Name: _____ Breed: _____

Color: _____ Gender: _____ Neutered/Spayed: Yes No

PET #3 Name: _____ Breed: _____

Color: _____ Gender: _____ Neutered/Spayed: Yes No

CANINE CUISINE

Does our guest have any dietary restrictions? Yes No

If Yes, please explain: _____ Does our guest prefer its food: Dry___ Wet___ Moist___

How much does our guest eat per day? _____ What time(s) would our guest prefer to eat? _____

If you have more than one pet here, do we need to separate them at feeding time? Yes___ No___

Is there any other dietary information that we should know? _____

FITNESS CENTER INFORMATION

How much does our guest exercise each day? _____

Does our guest have any friends that stay at Paula's Pet Paradise? Yes: _____ No

Does our guest have any favorite games or styles of playing?

Does our guest ever climb/jump fences? Yes No

Has our guest ever growled or snapped at anyone who's touching his/her food, bones or toys? Yes No

Would our guest like to play with other guests? Yes* No

****If yes, please sign below giving permission for us to allow supervised play time with other approved guests in our resort and that you will be held responsible for any damages or injuries that your pet may cause:***

X_____

Would our guest prefer to play with? Females only____Males only____Mixed____

How does our guest react to strangers? _____

Does our guest dislike any kind of person? (Please check) Females ____ Males ____

Please describe any other information that will help us make our guest's stay at Paula's Pet Paradise safe and happy:

Please name the individual(s) that are authorized pick up your pets. (Pets will not be released to anyone else unless authorized by you.)

Name:_____ **Phone:**_____

Name:_____ **Phone:**_____

***Please bring certification from your veterinarian that our guest is current with the following immunizations: Rabies, Distemper and Bordatella. Animals without these records cannot be boarded or groomed.**

NOTICE

We will make every effort to contact the owners and will not be responsible for abandoned animals at our resort. Animals that are not picked up after 30 days of scheduled check-out will be considered to be abandoned and will be transferred to the Humane Society for adoption.

I have read this entire form and by signing below, acknowledge that I have read and understand all the sections in this document.

Signature: X_____