

Salon & Spa guest policies agreement

For your pet's, as well as other guest's safety and comfort, we require the following healthcare measures be current at the time of check-in. We appreciate scheduling an appointment for any vaccinations or testing needed to meet compliance with the SALON & SPA @ Carpenter Animal Hospital & Pet Inn standards prior to your pet's grooming appointment. Any outstanding care will be updated upon your pet's arrival and added to their charges.

The SALON & SPA at Carpenter Animal Hospital & Pet Inn is a strictly flea-free environment. Your pet will be checked for fleas and other parasites upon check-in. If there is evidence of fleas or flea dirt on your pet upon check-in, your pet will be administered Capstar, an added preventative which kills adult fleas and is safe in conjunction with the approved preventatives listed below. There is an additional charge for Capstar.

👺 The SALON & SPA hours are from 7:30am -6:00pm Monday through Friday and 8:00am - 1:00pm Saturday.

Please allow at least 10 minutes for check-in to assure your requests and your pet's needs are met during their grooming appointment.

CANINE

Vaccinations:

- Rabies must be boostered one year after initial puppy series is required every 3 years in accordance with state law and vaccine label
- DHPP must be boostered one year after initial puppy series is required every 3 years
- Bordetella is required every 6-12 months according to vaccine label **Testing:**
- Negative heartworm test is strongly recommended every year
- Fecal Exam free of parasites is required every 6 months
- Approved flea and tick preventative application monthly, year-round is strongly recommended
- Activvl
- Bravecto
- Frontline Plus Revolution

- **ॐ** Advantix Serventix II
- Certifect
- Frontline TriTak Trifexis

- Comfortis
- Nexgard
- 👺 most preventatives distributed by a veterinarian are accepted

FELINE

Vaccinations:

- Rabies must be boostered one year after initial kitten series is required every 3 years in accordance with state law and vaccine label
- FVRCP must be boostered one year after initial kitten series is required every 3 years
- FeLV is required at least twice in lifetime for indoor cat is required each year if your cat goes outside

Testing:

- Negative FeLV/FIV test is required following the completion of kitten series
- ightharpoonup THANK YOU for your understanding, compliance, and for your part in ensuring your pet's well-being and safety as a guest of the SALON & SPA @ Carpenter Animal Hospital & Pet Inn! ...thank you for allowing us to serve you!

| 👺 Lifetime Preventative Health 1 | Maintenance: |
|-------------------------------------|--------------|
| *please indicate current preventati | ive: |
| Flea and Tick Preventative | |
| Heartworm Preventative | |

Medical Care Consent:

Capstar at my expense.

In the event that a medical situation arises and we are unable to contact you using the information you have provided, the doctor(s) at Carpenter Animal Hospital are authorized to treat my pet at their discretion and at my expense.

Hospital & Pet Inn, I authorize my pet to be administered

- Minor Medical Care
- Intermediate Medical Care
- Emergency Medical Care

Publication Agreement:

Carpenter Animal Hospital & Pet Inn has permission to use photographs and/or videos of my pet for future promotion of their boarding facilities, daycare program, spa and salon services including website, brochures, post boards, etc.

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| | Kei | ease | Ag | reer | nen | ıt: |

Carpenter Animal Hospital & Pet Inn has permission to release my pet to the individual(s) listed on The SALON & SPA @ Carpenter Animal Hospital & Pet Inn Guest Registration.

Lina I have been provided with, have read, and agree to The SALON & SPA @ Carpenter Animal Hospital & Pet Inn Guest Policies in their entirety.

Signature Date



Salon & Spa guest registration

| | TROIL CA | | | | | · | | | |
|---|--|--|---|---|--|---|--|--|--|
| Owner Contact Informat | tion: | | | Emergency Cont | act: | | | | |
| Name(s) | | | | ॐ Name _ | | | | | |
| ॐ Address | | | | Cell phone | | | | | |
| | | | | ॐ Home phone _ | | | | | |
| *Please check your preferred | l contact method: | | | *Carpenter Animal H | Hospital has permi | ssion to release my pet to: | | | |
| □ _{e-mail} | | | | ॐ Name _ | | | | | |
| Cell phone | | | | ॐ Relationship _ | | | | | |
| Home phone | | | | ॐ Cell phone | | | | | |
| | | | | _ | | | | | |
| GUEST PROFILE | | | | | | | | | |
| ₩ Guest Name | | | | ≌ Gender: | \square_{Male} | Female | | | |
| · · · · · · · · · · · · · · · · · · · | | | | | Neutered | Spayed | | | |
| | | | | Species: | Canine | Feline | | | |
| ╩ Color | | | | | Other | | | | |
| | | | | | | | | | |
| Where did you acquire y | your pet: | $\square_{\mathrm{Breeder}}$ | \Box_{Fo} | ound $\square_{	ext{Shelte}}$ | er \square_{Reh} | omed \square_{Rescue} | | | |
| Where did you acquire y Has your pet been groon | | $\square_{\mathrm{Breeder}}$ | \square_{Fo} | | er \square_{Reh} | omed \square_{Rescue} | | | |
| ╩ Has your pet been groon | ned before? | | _ | | er \square_{Reh} | omed \square_{Rescue} | | | |
| | ned before? | □ _{Yes} | _ | | | omed | | | |
| Has your pet been groon Behavior: (check all that | ned before? | □ _{Yes} | $\square_{ m No}$ |) | | ggression | | | |
| Behavior: (check all that □ has attended daycare □ goes to the dog park □ lives with other household | ned before? apply) | □ _{Yes} □ _{protecti} □ _{displays} □ _{displays} | ve of owner s leash aggressis s separation an | o on xiety | □displays fear a □displays food □displays ball/o | nggression aggression object aggression | | | |
| Behavior: (check all that □has attended daycare □goes to the dog park | ned before? apply) | □ _{Yes} □ _{protecti} □ _{displays} □ _{displays} | $\square_{ m No}$ we of owner s leash aggressi | o on xiety | displays fear a displays food displays ball/o | aggression aggression bject aggression ercation with another dog | | | |
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