



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 boosted* one year after initial puppy series *is required* every 3 years in accordance with state law and vaccine label
- 🐾 DHPP** *must be boosted* 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*
- | | | | |
|----------------------|--------------------|---------------------------|---------------------|
| 🐾 Activyl | 🐾 Bravecto | 🐾 Frontline Plus | 🐾 Revolution |
| 🐾 Advantix | 🐾 Certifect | 🐾 Frontline TriTak | 🐾 Trifexis |
| 🐾 Advantix II | 🐾 Comfortis | 🐾 Nexgard | |
- 🐾** *most preventatives distributed by a veterinarian are accepted*

FELINE

Vaccinations:

- 🐾 Rabies** *must be boosted* one year after initial kitten series *is required* every 3 years in accordance with state law and vaccine label
- 🐾 FVRCP** *must be boosted* 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

🐾 Please read, initial and/or fill-in the highlighted lines:

🐾 Lifetime Preventative Health Maintenance:

**please indicate current preventative:*

- Flea and Tick Preventative _____
- Heartworm Preventative _____

🐾 Capstar: _____

In the situation that there is evidence of fleas or flea dirt on my pet upon check-in to The SALON & SPA @ Carpenter Animal Hospital & Pet Inn, I authorize my pet to be administered Capstar at my expense.

🐾 Medical Care Consent:

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.

- 🐾** 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.

🐾 Release Agreement: _____

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.

🐾 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

🐾 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!



SALON & SPA GUEST REGISTRATION

Owner Contact Information:

Name(s) _____

Address _____

**Please check your preferred contact method:*

e-mail _____

Cell phone _____

Home phone _____

Emergency Contact:

Name _____

Cell phone _____

Home phone _____

**Carpenter Animal Hospital has permission to release my pet to:*

Name _____

Relationship _____

Cell phone _____

GUEST PROFILE

Guest Name _____

Date of Birth _____

Breed _____

Color _____

Gender: Male Female

Neutered Spayed

Species: Canine Feline

Other _____

Where did you acquire your pet: Breeder Found Shelter Rehomed Rescue

Has your pet been groomed before? Yes No

Behavior: *(check all that apply)*

<input type="checkbox"/> has attended daycare	<input type="checkbox"/> protective of owner	<input type="checkbox"/> displays fear aggression _____
<input type="checkbox"/> goes to the dog park	<input type="checkbox"/> displays leash aggression	<input type="checkbox"/> displays food aggression
<input type="checkbox"/> lives with other household pets	<input type="checkbox"/> displays separation anxiety	<input type="checkbox"/> displays ball/object aggression
<input type="checkbox"/> has formal training	<input type="checkbox"/> prone to eating foreign objects	<input type="checkbox"/> has had an altercation with another dog
		<input type="checkbox"/> has bitten someone

Recent Health History: *(check any that have occurred in the past 6 months)*

<input type="checkbox"/> Allergies	<input type="checkbox"/> Ear Infection	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Medications <i>(please list current medications)</i> _____ _____ _____
<input type="checkbox"/> Anxiety	<input type="checkbox"/> Eye Infection	<input type="checkbox"/> Heat Stroke	
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Frequent Urination	<input type="checkbox"/> Seizures	
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Gastrointestinal Upset	<input type="checkbox"/> Other	

How did you hear about us: *(check all that apply)*

<input type="checkbox"/> Advertisement	<input type="checkbox"/> Community Event	<input type="checkbox"/> Rescue	<input type="checkbox"/> Existing Client
<input type="checkbox"/> Brochure	<input type="checkbox"/> Driving-by	<input type="checkbox"/> Shelter	<input type="checkbox"/> Referral
<input type="checkbox"/> Business Card	<input type="checkbox"/> Internet Search	<input type="checkbox"/> Trainer	<input type="checkbox"/> Other

Are you aware of our referral rewards program? Receive a \$20 credit on your account every time you refer a new client! updated 01/01/17