



HOTEL REGISTRATION FORM

Date (M/D/Y) _____

Owner's Name(s) _____

Home Phone # _____

Cell Phone # _____

Mailing Address _____

Emergency Contact Name _____

Emergency Contact Number _____

Pet's Name _____

Breed _____

Age _____

Sex Male or Female

Spayed/Neutered: Yes or No

***Please note – we recommend that all pets be altered (spayed or neutered) by 6 months of age. Those who are not altered will have limited interaction with other dogs.*

Check in date _____ Time → 8:00 – 9:00AM or 4:00 – 5:00PM

Check out date _____ Time → 8:00 – 9:00AM or 4:00 – 5:00PM

***Please note – Check in and check out times are not flexible. If you are unable to drop off or pick up your pet on time it is important to notify Shannoncourt staff. You will need to make arrangements to drop off or pick up your pet at the next available check in or check out time.*

Does your dog have any medical conditions or require medication? Yes or No

Explain: _____

Does your pet have any allergies? Yes or No

Explain: _____

Brand of food _____

Amount per feeding _____

Would you like Shannoncourt to provide food for your pet's stay?
(*\$3.00 - \$7.00 per day*) Yes or No

Does Shannoncourt have permission to give your pet a STUFFED KONG
(we use all natural treats) Yes or No

Is your pet known to chew and ingest non-food objects? Yes or No

Explain: _____

Does Shannoncourt have permission to provide your pet with a pet bed? Yes or No

Is your pet known to climb or dig under fenced areas? Yes or No

Explain: _____

Does Shannoncourt have permission to let your pet loose in fenced areas on our property? Yes or No

Does your pet have separation anxiety? Yes or No

Does your pet have any aggression issues with other dogs? Yes or No

Explain: _____

Does your dog guard toys, food, sleeping area or people? Yes or No

Explain: _____

Does your dog get along with both male and female dogs? Yes or No

Does your dog have any aggression issues with people? Yes or No

Explain: _____

Would you like your pet to participate in Shannoncourt's Doggie Daycare Program? Yes or No

Would you like Shannoncourt to provide any grooming for your pet? Ask for pricing. Yes or No

Explain: _____

Would you like Shannoncourt to provide any training for your pet? \$45 for 45 minute session. Yes or No
How many Lessons _____

Explain: _____

Is there anything else you would like Shannoncourt staff to know about your pet?

If your pet has fleas he/she will not be allowed on the premises until he/she has been treated with a veterinary prescribed flea medication such as Advantage. If it is discovered that your pet has fleas once he/she is already at Shannoncourt, a flea bath will be given to your pet at a minimum cost of fifty (50) dollars.

Please sign _____

Should any medical condition arise while your pet is in the care of Shannoncourt, every effort will be made to contact you. If the staff at Shannoncourt feel that veterinary care is necessary, your pet will be taken to a veterinarian for treatment and you, the owner, will take full responsibility for payment of the veterinary services provided.

Please sign _____

OFFICE USE ONLY

Veterinary Clinic _____

Phone Number _____

Veterinarian _____

Bordetella

UTD with Core Vaccines

Date of vaccinations _____