## VIP Pet Resort - Reservation Form

## Dates are subject to availability.

You'll receive an email confirmation stating that your dates are available and have been booked. If they are not available, we'll call you to work out another date . . .





(The best place for your pet!)

RESET:

Click to reset form:

|   |                                  |                            |                       |               |                      | -                         | Co.                                     |  |
|---|----------------------------------|----------------------------|-----------------------|---------------|----------------------|---------------------------|---|--|
| Check In Date                                       |                                  |                            | Check Out Date        |               |                      | Cell Phone #              | Cell Phone #                            |  |
|   |                                  |                            |                       |               |                      |                           |   |  |
| Owner's Last Name Own                               |                                  |                            |                       | First Name    |                      | Home Phone #              | Home Phone #                            |  |
|   |                                  |                            |                       |               |                      |                           |   |  |
| Street Address Cit                                  |                                  |                            |                       | te / Zip      |                      | <b>Email Address</b>      | Email Address                           |  |
|   |                                  |                            |                       |               |                      |                           |   |  |
|   |                                  |                            | Emergency Contact     |               |                      | Emergency Cont            | tact Phone #                            |  |
| Pet's Name  |                                  | Pet's Name                 |                       |               | Breed                | Color                     |   |  |
|   |                                  |                            |                       |               |                      |                           |   |  |
| Male / Female                                       |                                  |                            | Spayed / Neutered Y/N |               |                      | Weight                    | Age                                     |  |
| List Medications and                                | l dosages.                       | List pre-exis              | sting cond            | litions, know | n injuries and/or al | lergies:                  |   |  |
| IMPORTANT: Doe                                      |                                  | ,                          | •                     | <u> </u>      |                      |                           | I listing the fun they had!             |  |
|   |                                  |                            |                       |               |                      | joy - then let us know    |   |  |
| Nature Walk Playt                                   |                                  | ytime In The<br>ility Yard | time In The Trip To   |               | Paw Painting         |                           | "Yappy Hour" Ice Cream                  |  |
| Frequency: Eve                                      |                                  | y DayEvery O               |                       | ery Other Day | In Suite             | Other ( Spec              | ify)                                    |  |
|   |                                  |                            |                       |               |                      |                           | d listing the fun they had!             |  |
| <del>-</del>  | <u>*</u>                         |                            |                       |               |                      | by - then let us know the |   |  |
| Playtime with teaser toy ( indoors or outdoors)     |                                  |                            | k Scratchi            |               | Lap Time             | S choin for us anow s     | VID                                     |  |
| Frequency: Everyday                                 |                                  | Every Other Day            |                       | ay Other      | (specify)            | 4 horse                   |   |  |
| Please Check if you are declining the Vacation Plan |                                  | Owner's Sign               | vner's Signature:     |               | Reps Signature:      | Charles and the second    |   |  |
| Vet's Clinic:                                       | These Shot Records Are Required: |                            |                       |               |                      | VIP P                     | VIP Pet Resort                          |  |
| D42 - NI  |                                  |                            |                       | ogs: Rabies,  | Distemper Combo &    | • • • •                   | _ , , , , , , , , , , , , , , , , , , , |  |

Bordetella. Cats: Rabies & Feline

Feline Leukemia is required for cats

visiting our private outdoor courtyard

**Distemper Combo** 

**Doctor's Name:** 

Fill-Save-Email: VipPetResortFL@yahoo.com

**Office Phone:**