

126 Mock's Bridge Road Williamsburg, PA 16693 (814) 832-2444 or (814) 502-7577 mocksbridgepetresort.com

Welcome to Mock's Bridge Pet Resort, LLC! Our goal is to give your pet(s) a fun, relaxing vacation. We are concerned with the health and well-being of your four-legged friends. Please help us to keep our facility a healthy and happy one!

Policies and Procedures

In order to board my pet(s) at Mock's Bridge Pet Resort, LLC., I agree to the following:

- *Application & Waiver: All pets must have a complete, signed up-to-date boarding intake form, Policies and Procedures, and vaccination history on file.
- *Boarding Drop Off / Pick-up: Boarding drop off and pick-up is by appointment only. Please be prompt as there may be other appointments scheduled after you.
- *Payments: Boarding fees may be paid with cash, check, or Venmo. All fees must be paid in full prior to the service being rendered. There are no refunds for early departure.
- *Leash: All dogs must be on leash when arriving or leaving the property. Cats must be in a pet carrier.
- *Right to Refuse Service: Mock's Bridge Pet Resort, LLC. reserves the right to refuse or suspend any and all service to anyone for any reason.
- *Health: I certify that the representation of my pets health is accurate on the Intake form. I acknowledge that it is my responsibility to keep Mock's Bridge Pet Resort, LLC. up to date on any changes in my pets health and physical condition. I also certify that my pet is free of fleas and ticks, and from any condition(s) that could potentially affect the health of other guests. Pets who have been ill with any communicable disease in the last 30 days require a veterinarian's release to be admitted back into our Resort.
- *Toys and bedding: Please bring your pet's favorite, clean bedding as long as it can be laundered. Please bring your pets favorite toys. We do not allow rawhides or any toy that may be a choking hazard.

- *Food When Boarding: To prevent stomach upset, we require that you bring the food you feed your pet. Please also provide complete feeding instructions on this registration form.
- *Medication: We are happy to give oral or topical medications as needed. There is no additional charge for doing this. Please bring all medications in their original container with your pet's name on it. We are not able to give injections.
- *Personal Property: I acknowledge that Mock's Bridge Pet Resort, LLC. will not be held responsible or held liable for any lost, stolen, or damaged personal property belonging either to me or my pet(s). If my pet(s) causes any damage to the facility or equipment, I understand that I may be held responsible for the cost of repair or replacement.
- *Behavior: We accept all breeds of pets. We **DO NOT** accept pets who have shown any aggression to people. Please be clear on this form if your pet has **ANY** issue with other pets.
- *Medical: If my pet becomes ill or is deemed to be in need of immediate medical attention, I understand Mock's Bridge Pet Resort, LLC. has the right to administer aid and/or to use any available veterinarian. I acknowledge that if possible, I will be contacted before Mock's Bridge Pet Resort, LLC. seeks medical attention. I also agree to pay all expenses incurred for medical treatment.
- * Flea Control: Pets must be on some type of flea control.
- *Vaccines: Proof of Rabies, Distemper/Parvo, and Bordetella vaccinations are required and must remain current. Cats Rabies and Distemper. Feline Leukemia (encouraged but not required)
- *Changes: Mock's Bridge Pet Resort, LLC. reserves the right to change policies, procedures, and services, and adjust rates without notice. While we will attempt to notify you of these changes, it is ultimately your responsibility to be aware of current policies and rates.
- *Guarantee: We strive to be the best we can be, for both you and your pet. If you are ever dissatisfied with any service, please tell us. We will gladly work with you to ensure you are getting the service you deserve.
- *Abandonment: I understand that if I do not pick up my pet at all, Mock's Bridge Pet Resort, LLC. will proceed according to the guidelines provided by PA Abandonment Laws. I also acknowledge that I will be fully responsible for all attorneys' fees and associated costs if I abandon my pet(s).
- *Photos and Videos: I give my permission for Mock's Bridge Pet Resort, LLC. to take photographs, and/or videos, and to use the images or videos of my pet(s) in printed matter, internet sites, or other promotional or advertising capacities. Photographs and videos are the property of Mock's Bridge Pet Resort, LLC.

Date
c-Up: To ensure the safety of your pet, this ication upon pick-up.
egistration
Date:
State: Zip:
Phone:
<u>2</u>
ered/Spayed: Yes or No
M or F
Markings:
ormation

Diet Information

Brand of Food:	Dry	Canned
Special Instructions for food:		
Mock's Bridge Pet Resort has my per	mission to	give my pet(s) treats that I
didn't provide. Medical information/all		
•		
Pet Be	<u>haviors</u>	
Has your pet been in a similar facility? Y	N	
Does your pet have anxiety? Y N Explain	n:	
What is your dog's general reaction to other ofSubmissive/ShyFearfulRelaxeCautiousAlways friendlyFriendlyFriendlyPlayfulAggressiveUnpredictal Please provide additional information if applied	ed/Calm _ dly once fa ble/Unruly	DominantNervous miliarHyper/Busy
How does your dog react to strangers? PleaseSubmissive/ShyFearfulRelaxeCautiousAlways friendlyFrienPlayfulAggressiveUnpredictal Please provide additional information if appli	ed/Calm _ ndly once fa ble/Unruly	DominantNervous miliarHyper/Busy
What sort of play/games does your dog enjoyFetch/RetrieveChaseTug of V		ther
If other, please list		
How many times per day is your dog typically	taken out f	for walks and potty breaks?

Other Comments or Information:

<u>Pet Information / Seco</u>	ond Pet Name
Dog Cat	Neutered/Spayed: Yes or No
Birthdate (if known):	Age: M or F
Breed:	Color/Markings:
	<u>ledical Information</u>
Address:	
Phone:	
Allergies? Y N Explain:	
Restrictions on Movements? Y	N Explain:
	<u>Diet Information</u>
Brand of Food:	Dry Canned
Special Instructions for food:	
Mock's Bridge Pet Resort l	has my permission to give my pet(s) treats that I
didn't provide. Medical inforr	mation/allergies are listed above.
	<u>Pet Behaviors</u>
Has your pet been in a similar facili	ty? Y N
Does your pet have anxiety? Y	N Explain:
Milest is very do s'a son aval verstion	to other dogs? Please shock all that apply
	to other dogs? Please check all that apply.
	Relaxed/CalmDominantNervous
	Friendly once familiarHyper/Busy
PlayfulAggressiveU	
Please provide additional informati	ion if applicable:

How does your dog react to strangers		11 5	
Submissive/ShyFearful	Relaxed/CalmI	Dominant _	Nervous
CautiousAlways friendly	Friendly once famil	iarHyp	er/Busy
PlayfulAggressiveUnp	redictable/Unruly		
Please provide additional information	if applicable		
	_		
What sort of play/games does your do			
Fetch/RetrieveChase	_		
If other, please list	. 11 . 1	11 1	
How many times per day is your dog t	ypically taken out for	walks and po	itty breaks?
			
Other Comments or Information:			
Their comments of information:			
Pet Information / Third			
Dog Cat	Neutered	Spaye	ed
Pet Information / Third Dog Cat Birthdate (if known):	Neutered	Spaye	ed
Dog Cat Birthdate (if known):	Neutered	Spaye M or	ed F
Dog Cat Birthdate (if known):	Neutered Age:	Spaye M or	ed F
Dog Cat Birthdate (if known):	Neutered Age:	Spaye M or	ed F
Dog Cat Birthdate (if known): Breed:	Neutered Age:	Spaye M or	ed F
Dog Cat Birthdate (if known): Breed: Me c	Neutered Age: Color/Markings: dical Information	Spaye M or	ed F
Dog Cat Birthdate (if known): Breed: <u>Mec</u> Veterinarian Name/Clinic:	Neutered Age: Color/Markings:	Spaye M or	ed F
Dog Cat Birthdate (if known): Breed: <u>Mec</u> Veterinarian Name/Clinic: Address:	Neutered Age: Color/Markings:	Spaye M or	ed F
Dog Cat Birthdate (if known): Breed:	Neutered Age: Color/Markings:	Spaye M or	ed F
Dog Cat Birthdate (if known): Breed: Veterinarian Name/Clinic: Address: Phone:	Neutered Age: Color/Markings:	Spaye M or	ed F
Dog Cat Birthdate (if known): Breed: Veterinarian Name/Clinic: Address: Phone: Allergies? Y N Explain:	Neutered Age: Color/Markings: dical Information	Spaye M or	ed
Dog Cat Birthdate (if known): Breed: Veterinarian Name/Clinic: Address: Phone:	Neutered Age: Color/Markings:	Spaye M or	ed

<u>Diet Information</u>

Brand of Food:	Dry	Canned
Special Instructions for food:		
Mock's Bridge Pet Resort has my pe	rmission	n to give my pet(s) treats that I
didn't provide. Medical information/al	lergies a	re listed above.
Pet Be	havior	<u>s</u>
Has your pet been in a similar facility? Y	N	
Does your pet have anxiety? Y N Explain		
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What is your dog's general reaction to other	•	
Submissive/ShyFearfulRelax		
CautiousAlways friendlyFrie	_	
PlayfulAggressiveUnpredicta	-	-
Please provide additional information if appl	icabie: _	
How does your dog react to strangers? Please	e check a	ll that apply.
Submissive/ShyFearfulRelax	ed/Calm	DominantNervous
CautiousAlways friendlyFrie	ndly onc	e familiarHyper/Busy
PlayfulAggressiveUnpredicta	able/Unr	uly
Please provide additional information if appl	icable	
TATI		
What sort of play/games does your dog enjoy		Othor
Fetch/RetrieveChaseTug of '		
If other, please list		
How many times per day is your dog typically	y taken 0	out for warks and potty breaks?
		

Other Comments or Information: