

**Blue Flint Animal Hospital**

1527 Zoo Parkway  
Asheboro, NC 27205  
phone (336) 328-1000 fax (336) 328-1210

**Pet Hotel Registration**

Date: \_\_\_\_\_

**Over the Counter Sales**

Acc. No:  
Phone:

Patient: \_\_\_\_\_  
Species: \_\_\_\_\_  
Breed: \_\_\_\_\_  
Color: \_\_\_\_\_  
Doctor: \_\_\_\_\_

Age: \_\_\_\_\_  
Sex: \_\_\_\_\_  
Tag: \_\_\_\_\_  
Weight: \_\_\_\_\_

**PET HOTEL REGISTRATION**

Emergency Phone# \_\_\_\_\_

Belongings \_\_\_\_\_

Medical Care Needed \_\_\_\_\_

Medications \_\_\_\_\_

**LUXURY OPTIONS**

Additional Leash Walks: \$2.00 each Quantity \_\_\_\_\_ per day  
Individual Play Time: \$5.00/10 minutes Quantity \_\_\_\_\_ per day  
Brushing: \$5.00/10 minutes Quantity \_\_\_\_\_ Pedicure: \$16.24-21.73 \_\_\_\_\_  
Bedtime Treat (Biscuits/Cat Treat): \$.50 for 2 Quantity \_\_\_\_\_  
Choo Hoof: \$3.80 each Quantity \_\_\_\_\_ Pig Ear: \$4.65each Quantity \_\_\_\_\_  
Cat Condo (double cage): \$6.00 \_\_\_\_\_

All guests must be protected against communicable, contagious diseases and be free of internal and external parasites or will be treated on entry or discovery at owner's expense. Should an emergency arise, I authorize the medical staff to perform such procedures as may be necessary for the health of my pet. I agree to pay, in full, for all necessary services rendered for and to my pet.

Owner/Agent \_\_\_\_\_ Date \_\_\_\_\_

I understand it is Blue Flint Animal Hospital's policy to board all pets separately. It is my request to board the pets I have listed below together. By signing this waiver I release the hospital, the doctors, and all staff members from any liability that may result from my request. I also authorize Blue Flint Animal Hospital to medically treat my pets should any situation arises that causes this need.

Pets Names \_\_\_\_\_

Owner/Agent \_\_\_\_\_