



## New Customer Welcome Packet

(5/11)

Thank you for your interest in Chesapeake Pet Resort & Day Spa, Southern Maryland's most requested Pet Care Facility! We look forward to caring for you and your pets soon! Please feel free to stop out for a tour to meet our staff, and check out our facility, no appointment necessary!

Please note the following information, also outlined in detail on our website, [www.chessiepets.com](http://www.chessiepets.com) :

- **Customer Hours: Monday – Friday, 8 am - 11 am, and 3 pm - 5 pm, Saturday's 8 am - 10 am, and Sunday's 3 pm - 5 pm.** If returning home after we have closed, some families choose to make arrangements in advance, with a friend, to pick up their pet before we close, so that you may be with your pet when you arrive home. After hours service by appointment only for additional fees. Daycare hours are available 7am-7pm Monday through Friday by appointment. Check out time Mon – Fri is 10:00 am to avoid additional fees for that day. Feel free to pay in advance, or at check-in, if someone else is picking up your pet at any time.
- **Walk-In Pet Grooming by appointment:** is Monday – Friday with drop off at 8 am. Customers are notified within a few hours that their pets are ready for pick up. Pets may also stay until the end of the day if that is more convenient for pick-up, after work. Early morning drop off is available by appointment also. We also offer “Self-Service” pet grooming stations.
- **Paperwork:** Please complete the enclosed Pet Registration Packet prior to your Check-In date, and also bring copies of your current vaccination records from your Veterinarian, to include Rabies, Distemper, and Bordetella for Dogs, and Rabies and Distemper for Cats. Records may be faxed in advance to 301-373-5155. The Bordetella vaccine must be administered at least 7 days in advance of lodging with us, if not current in the past year. Ideally, all pets should also have a legible and current ID tag on their collar, with valid contact info, and a current photo provided for our records by email. Micro-chipping any pet is always a good idea.
- **What to bring:** We provide all of the bedding, toys, bowls, and treats you will need, and Pedigree dry dog food. You are welcome to bring your food of choice from home in pre-labeled zipper bags per pet per meal, as well as any special treats or canned food necessary. For cats, please bring your food of choice from home and any special cat litter needed. We provide clay litter at no additional fee.
- **Medications: Any required medications must arrive in their original containers and include instructions regarding dosage amount and times for administration.** We cannot accept medications mixed in with food from home. Our medication dosing fee is \$3 - \$ 5 and up, depending on the number of medications and complexity, and pet's temperament for taking their medications, amount of staff required to administer, etc. If you wish not to be charged for non-essential medications, such as vitamins, etc, please leave these items at home, or as your Veterinarian suggests.
- **Items from home:** Please label any items brought from home, which may include one small blanket, and 1 or 2 toys, for prompt return at check out. We do not accept dog beds or raw hide treats. We provide ample clean bedding and treats for your pet daily. All pet guests should arrive on lead or in a pet carrier. *Despite our best efforts otherwise, we are not responsible for lost or damaged items.*
- **Add-On Grooming & “Extras”:** We also offer a variety of fun “Extras,” listed in our lobby or on our website, [www.chessiepets.com](http://www.chessiepets.com), including Full Service Grooming & Spa Services, Bathing, Nature walks, TV Snuggle Time, Extra Playtime, Frosty Paw treats, and Breakfast in Bed!



# ***Chesapeake Pet Resort & Day Spa***

## ***Health Requirements***

(3/11)

### ***Vaccinations***

All pets entering our facility must provide current vaccination records administered by a licensed Veterinarian:

#### ***Dogs:***

- ***Rabies***
- ***Distemper (DHLPP)***
- ***Bordetella***
- ***Canine Flue (preferred, not required)***

#### ***Cats:***

- ***Rabies***
- ***Distemper***
- ***Feline Leukemia (preferred, but not required)***

#### ***Rabbits, Ferrets, Other Critters: case by case basis***

***Vaccinations should be administered at least 7 days prior to lodging with us, if not current in the last year.***

***Vaccination records can be faxed in advance of your arrival to 301-373-5155***

### ***Parasite Control***

- All pet guests should be current on some form of topical flea and tick preventative, as prescribed by your Veterinarian. Please do not bring bedding from home, that may possibly have uninvited critters aboard, to then enter our facility. We provide ample clean, fresh, bedding twice or more daily as needed.
- Pets arriving with fleas or ticks will be turned away, or bathed, at our discretion, and at Owner's expense for any bathing, flea and/or tick removal.

### ***General Health Policies***

- Any pets arriving with evidence of coughing, sneezing, or otherwise readily apparent signs of illness or injury will not be permitted to stay.
- Pets having had recent surgical procedures should speak with us individually, prior to arriving, to discuss any health issues that may be relevant.

### ***Pet Guest Restrictions***

- We do not accept pets that are aggressive, destructive, escape artists or diggers, pets that are sick or heavily medicated, pets with extreme separation anxiety or other mental health issues, or "above and beyond" excessive barkers or howlers. Please arrange alternative pet care options in this case, such as in-home pet sitters, your Veterinarian, or a friend or family member.



# Pet Lodging, Daycare, & Grooming Registration

(Rev 3/11)

Today's Date: \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Street or PO Box, City, State, Zip)

Physical Address (if different from Mailing Address): \_\_\_\_\_  
(Street, City, State, Zip)

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Other phone #'s: \_\_\_\_\_

e-Mail (Please Print): \_\_\_\_\_

## Emergency Contact s (who can come and get your pets if necessary, or act on your behalf if we can't reach you)

#1) Name / Phone #'s / Relationship: \_\_\_\_\_

#2) Name / Phone #'s / Relationship: \_\_\_\_\_

• Veterinarian: \_\_\_\_\_ Phone: \_\_\_\_\_

## Pet Profile:

### Pet # 1

• Name: \_\_\_\_\_ Dog \_\_\_\_\_ Cat \_\_\_\_\_ Other: \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_ Neutered/Spayed: Yes \_\_\_\_\_ No \_\_\_\_\_ Date of Birth or Age: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Weight: \_\_\_\_\_

Current for Flea & Tick Prevention? (Required to stay with us) Yes \_\_\_\_\_ No \_\_\_\_\_ Micro-chipped? \_\_\_\_\_

• Name tag on collar with valid contact #'s? \_\_\_\_\_

• Has your pet ever bitten a person or other animal? Please Describe: \_\_\_\_\_

• Has your pet ever shown aggression towards food/toys/treats? \_\_\_\_\_

• Has your pet ever climbed or jumped over or dug under a fence, opened gates? \_\_\_\_\_

• Is your pet destructive in any way? \_\_\_\_\_

• Do you want your dog to play with other dogs?: YES NO Either Way Initials for consent: \_\_\_\_\_

• Does your pet suffer from:

**Seizures** \_\_\_\_\_ **Allergies** \_\_\_\_\_ **Arthritis** \_\_\_\_\_ **Other:** \_\_\_\_\_

• Current Medications: \_\_\_\_\_

## Medical issues or behavioral issues we should know about:

\_\_\_\_\_

**Pet Profile:****Pet # 2**

- Name: \_\_\_\_\_ Dog \_\_\_\_ Cat \_\_\_\_ Other: \_\_\_\_\_  
 Male: \_\_\_\_ Female: \_\_\_\_ Neutered/Spayed: Yes \_\_\_\_ No \_\_\_\_ Date of Birth or Age: \_\_\_\_\_  
 Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Current for Flea & Tick Prevention? (*Required to stay with us*) Yes \_\_\_\_ No \_\_\_\_ Micro-chipped? \_\_\_\_\_
- Name tag on collar with valid contact #'s? \_\_\_\_\_
- Has your pet ever bitten a person or other animal? Please Describe: \_\_\_\_\_
- Has your pet ever shown aggression towards food/toys/treats? \_\_\_\_\_
- Has your pet ever climbed or jumped over or dug under a fence, opened gates? \_\_\_\_\_
- Is your pet destructive in any way? \_\_\_\_\_
- Do you want your dog to play with other dogs?: YES NO Either Way Initials for consent: \_\_\_\_\_
- Does your pet suffer from:  
**Seizures** \_\_\_\_ **Allergies** \_\_\_\_ **Arthritis** \_\_\_\_ **Other:** \_\_\_\_\_
- Current Medications: \_\_\_\_\_

Medical issues or behavioral issues we should know about:

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**Pet Profile:****Pet # 3**

- Name: \_\_\_\_\_ Dog \_\_\_\_ Cat \_\_\_\_ Other: \_\_\_\_\_  
 Male: \_\_\_\_ Female: \_\_\_\_ Neutered/Spayed: Yes \_\_\_\_ No \_\_\_\_ Date of Birth or Age: \_\_\_\_\_  
 Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Current for Flea & Tick Prevention? (*Required to stay with us*) Yes \_\_\_\_ No \_\_\_\_ Micro-chipped? \_\_\_\_\_
- Name tag on collar with valid contact #'s? \_\_\_\_\_ Can you email us a pet photo for our file? \_\_\_\_\_
- Has your pet ever bitten a person or other animal? Please Describe: \_\_\_\_\_
- Has your pet ever shown aggression towards food/toys/treats? \_\_\_\_\_
- Has your pet ever climbed or jumped over or dug under a fence, opened gates? \_\_\_\_\_
- Is your pet destructive in any way? \_\_\_\_\_
- Do you want your dog to play with other dogs?: YES NO Either Way Initials for consent: \_\_\_\_\_
- Does your pet suffer from:  
**Seizures** \_\_\_\_ **Allergies** \_\_\_\_ **Arthritis** \_\_\_\_ **Other:** \_\_\_\_\_
- Current Medications: \_\_\_\_\_

Medical issues or behavioral issues we should know about:

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## Chesapeake Pet Resort & Day Spa Contract

(Rev 5/11)

Owner/Representative(s) Name(s) \_\_\_\_\_

Name & Breed of Pet(s): \_\_\_\_\_

Owner/ Representative hereby agrees to the following:

1. **Payment** is expected in full at or before pet check-out. Returned Check fee is \$50. We do not hold checks. Pets will not be released and/or lodging/other fees will continue to accrue past departure date until paid in full.
2. **Boarding fees are "Per Day,"** (not "per night,") including full rate for first day, regardless of check in time.
3. **After Hours Fees** start at \$25 & up, per each 15 minutes after closing and are based on our availability
4. **Deposits:** are refunded or credited for next visit with 10 days notice.
5. **Cancellation without required notice** will result in 3 day lodging fee at full price or relinquishment of any Deposits. **Early check-out** during peak dates requires full payment due for dates reserved
6. **Lost Items:** Chesapeake Pet Resort is not responsible for any lost or damaged items brought from home
7. **Aggressive Pets:** Pets exhibiting aggression, scratching or biting, may be asked to leave, at our discretion. Owner agrees to pay for additional staff, monitoring, materials, and/ or Animal Control services needed until Owner/Representative is able to retrieve pet(s).
8. **Destructive Pets:** Owner agrees to pay for all consequences resulting in said pet's behavior while on our property. This includes injury to any pets or people, destruction of Pet Cots, bedding, bowls, door cords, fencing, facility structure, or other supplies and materials.
9. **Pet Abandonment:** Abandoned pets will be signed over to Animal Control. Owner hereby agrees to pay and related fees for this process, as well as any balance due related to the care of said pet.
10. **Fleas or Ticks:** Owner hereby consents to a flea and/or tick bath at their expense if said pet arrives in our facility with fleas/ticks. We are not responsible for any fleas or ticks that may inadvertently be picked up from our wooded environment or other pets here, despite ardent measures to prevent otherwise.
11. **Medical Attention:** Any and all related medical expenses will be paid by the Owner, including all Veterinary fees, medication, staff time and travel, additional care, monitoring, and medication dispensing, while in our care. Chesapeake Pet Resort Inc., is not responsible for any issues or fees related to pre-existing, or senior pet/age related, medical conditions. Additional information is outlined in our Medical & Senior Pet Release.
12. **Medication Fees:** Medication fess are "per time" and based on number of medications, and staff time required to administer any medication or treatment. Any vitamins or supplements requested by Owner for administration are subject to "medication" fees. If you wish not to be charged for vitamins/supplements please leave at home. Medications mixed in with food will be removed and invoiced accordingly, for your pet's safety.
13. **Severe Weather/Disaster Plan:** Owner hereby gives permission for us to do whatever is necessary to protect their pets in a severe emergency, including moving off-site to a safe location, as deemed reasonable and necessary.
14. **Group Playtime Consent** with other dogs? (Daycare & Lodging Guests):                    **YES**                    **NO**

Owner/Responsible Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Chesapeake Pet Resort & Day Spa Medical & Senior Pet Release

(5/11)

Your pet(s) is/are very important to us and, because their welfare is our top priority, we want to assure you that every effort will be made to make their stay with us as safe and comfortable as possible.

However, when pets are boarded, especially older pets or pets with compromised immune systems, their bodies are subjected to unforeseen stresses because their normal routine is disrupted when they are removed from their home environment. This stress has the potential to cause many latent physical conditions (i.e. heart, liver and kidney disorders) to become active and potentially life-threatening.

Owner hereby understands that illness, injury, and/or contagious infections may still occur in this environment, ("Kennel Cough," Dog Flue, etc), even with proper vaccinations, and agrees to hold harmless Chesapeake Pet Resort, Inc. **Canine Bloat (aka: Gastric Dilation Volvulus or GDV):** is a life threatening situation still not fully understood, and often without probable explanation.

Any and all related medical expenses will be paid by the Owner, including all Veterinary fees, administration of medication prescribed by Veterinarian or requested by Owner, staff time and travel, additional care, monitoring, and medication dispensing, while in our care.

Although every effort will be made to contact you first, in the best interest of your pet, we request your permission to obtain medical care should a situation arise that we feel warrants immediate veterinary assistance. Should we be unable to speak with you personally, please **initial** below what measures you would like us to take on your behalf for any and all of your pets in our care at any given time:

\_\_\_\_\_ Make every effort possible to save pet's life

\_\_\_\_\_ Make no heroic measures to save pet's life

\_\_\_\_\_ Maximum dollar amount to spend for veterinary care: \$ \_\_\_\_\_

\_\_\_\_\_ Treat my pet as needed BUT with these restrictions or exclusions: \_\_\_\_\_

I have read the above noted agreement and fully understand it's terms and conditions. I agree not to hold Chesapeake Pet Resort, Inc., responsible for any unforeseen or unexplained or age-related illness or death of my pets while in their care.

Owners Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner (print): \_\_\_\_\_



# Pet Instructions

(Rev 3/11)

Today's Date: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Phone #'s: \_\_\_\_\_

Contact Info for this trip: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Breed: \_\_\_\_\_  
*(Please complete a separate form for each pet)*

## Feeding Information

Type of Food and Amount (We provide Pedigree dry dog food. If using our dry food, just indicate "Stock.")

AM (type and amount): \_\_\_\_\_

MID (type and amount): \_\_\_\_\_

PM (type and amount): \_\_\_\_\_

## Medications: (\$3 -\$5 & up, per time for Staff time)

All medications must arrive in their original containers. We are not able to accept medications mixed in with food from home, as we must be able to ensure and document that pet has consumed any medications you have requested.

Please list name of medication, what it is for (pain, antibiotic, etc) dose required, and time required (AM or PM, or a specific time required)

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

5) \_\_\_\_\_



## Add-Ons & “Extras” for this visit:

Full Service Grooming: (preferred date & instructions)		Spa Services (Paw Soak Bubble Bath, Nail Painting, Massage, Other:	
Bath & Nails Only:		Nails only:	
Nature Walks...3 for \$15... (how often?):		TV Snuggle Time...3 for \$15... (how often?):	
Extra Playtime...3 for \$15... (how often?):		Group Playtime...3 for \$15... (how often?):	
Breakfast or Brunch in Bed...\$6 ea... (how often?):		Gourmet or Holiday Dinner...\$6ea... (how often?):	
Peanut Butter Kong Treats...\$2 ea... (how often?):		Frosty Paw Treats...\$2 ea... (how often?):	
Pig Ear Treats...\$ 2ea... (how often?):		“Beggin’ Strip” Treats...3pcs for \$2... (how often?):	
“Pupperoni” Treats...3 pcs for \$2... (how often?):		Bed Time Story & Treat... \$6 ea... (how often?):	

**Other “Extras” or Special Instructions:**