

Pet Application, Ohana Pet Resort

25 N Grove St, Merritt Island FL 32953

(321) 806-4421

Owners name: _____ Home Phone: _____

Cell Phone: _____ Email: _____

Address: _____ City: _____ State: ____ Zip: _____

Emergency contact other than yourself

Name: _____ Phone: _____ Cell: _____

Veterinary Information

Name: _____ Phone: _____

Address: _____ City: _____ State: ____ Zip: _____

First and foremost the safety and well being of your pet(s) is one of the highest importance and as such we take it very seriously. We do our best but some factors may be beyond our control. I, _____ understand there are risks and benefits with group socialization of dogs. I, _____ agree that the benefits outweigh the risks and that I accept these risks. I understand that while socialization and play is closely and carefully monitored by Ohana Pet Resort staff to prevent injury, it is still possible that during the course of normal play my pet(s) may receive minor nicks and scratches from rough housing with other dogs. I understand that Ohana Pet Resort along with its employees and volunteers will not be liable financially or otherwise for injuries to my pet, myself and property of mine. In the event that a medical emergency arises while a pet is at our resort or participating in a service that we provide. It is imperative that we are immediately able to get them medical treatment at the closest available veterinarian.

*PLEASE NOTE: In case of emergency if your vet is not within a 5 minute drive or available to see your pet, we will take your pet to closest available clinic on Merritt Island. I, _____ understand that in the event of a medical emergency that Ohana Pet Resort, at its sole discretion, deems to need the immediate attention of a Licensed veterinarian. I further agree that I am financially responsible for any medical treatment my pet receives as a result of a medical emergency.

Owner sign _____ Date: _____

We care very much for your family member, so please inform us of any changes after your pet's first visit. We provide a lot of play time for your pets, some dogs may go home sore or worn out because they are not used to so much play. Please let us know how your pet does after the first visit.

Pet Application part 2, Ohana Pet Resort

1st Pet

Name: _____

Breed: _____

DoB: _____ Sex: _____ Weight: _____

- Spayed/Neutered Copy of shot record
 Boarded before Has your pet ever bitten anyone or another pet, if so explain: _____

Allergies/Restrictions: _____

Medications: _____ Amt: ____ Times day: ____

Does your pet get along with other pets or are they shy and timid? _____ Describe any behaviors or interactions we should be aware of: _____

- Can your pet jump or climb fences Aggressive
 Runs away Excessive barking Chews
 Possessive Afraid of thunderstorms
Separation Anxiety you or pet

3rd Pet

Name: _____

Breed: _____

DoB: _____ Sex: _____ Weight: _____

- Spayed/Neutered Copy of shot record
 Boarded before Has your pet ever bitten anyone or another pet, if so explain: _____

Allergies/Restrictions: _____

Medications: _____ Amt: ____ Times day: ____

Does your pet get along with other pets or are they shy and timid? _____ Describe any behaviors or interactions we should be aware of: _____

- Can your pet jump or climb fences Aggressive
 Runs away Excessive barking Chews
 Possessive Afraid of thunderstorms
Separation Anxiety, you or pet

2nd Pet

Name: _____

Breed: _____

DoB: _____ Sex: _____ Weight: _____

- Spayed/Neutered Copy of shot record
 Boarded before Has your pet ever bitten anyone or another pet, if so explain: _____

Allergies/Restrictions: _____

Medications: _____ Amt: ____ Times day: ____

Does your pet get along with other pets or are they shy and timid? _____ Describe any behaviors or interactions we should be aware of: _____

- Can your pet jump or climb fences Aggressive
 Runs away Excessive barking Chews
 Possessive Afraid of thunderstorms
Separation Anxiety, you or pet

4th Pet

Name: _____

Breed: _____

DoB: _____ Sex: _____ Weight: _____

- Spayed/Neutered Copy of shot record
 Boarded before Has your pet ever bitten anyone or another pet, if so explain: _____

Allergies/Restrictions: _____

Medications: _____ Amt: ____ Times day: ____

Does your pet get along with other pets or are they shy and timid? _____ Describe any behaviors or interactions we should be aware of: _____

- Can your pet jump or climb fences Aggressive
 Runs away Excessive barking Chews
 Possessive Afraid of thunderstorms
Separation Anxiety, you or pet