

West Chester Pet Resort
12021 Iron Bridge Rd. Chester, VA 23831
(804)-796-3632

New Guest Onboarding Form

Thank you for giving West Chester Pet Resort the opportunity to care for your pet(s). To ensure the best care possible, please fill out this form completely. We'll reach out with any questions.

Client's Name

Email

Pet's Name

While your pet is with us what services would you like them to participate in? (please check all that apply)

Boarding

Daycare

Training

Has your pet exhibited ANY hacking, coughing, sneezing (cold or flu like symptoms) in the past 21 days?

Yes No

Please Note: We can only accept healthy pets for boarding services. We reserve the right to refuse check-in service for any pet we suspect may be contagious or in poor medical condition.

Please indicate below ALL medical conditions, diagnosis or allergies your pet has experienced or is currently experiencing.

- | | | |
|---|--|--|
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Asthma | <input type="checkbox"/> Blindness |
| <input type="checkbox"/> Deaf | <input type="checkbox"/> Chewing / Licking at feet | <input type="checkbox"/> Walks in Circles |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Coughing | <input type="checkbox"/> Reverse Sneezing |
| <input type="checkbox"/> Hacking | <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Limping |
| <input type="checkbox"/> Hypo / Hyperthyroidism | <input type="checkbox"/> Kidney/Bladder Stones | <input type="checkbox"/> Head Tilt |
| <input type="checkbox"/> Gagging | <input type="checkbox"/> Heartworms | <input type="checkbox"/> Kidney/Liver Failure |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Lethargic | <input type="checkbox"/> Licking/Chewing at Skin |
| <input type="checkbox"/> Heat Stroke | <input type="checkbox"/> Seizures | <input type="checkbox"/> Blocked Urethra |
| <input type="checkbox"/> Nasal Discharge | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Lumps/Bumps |
| <input type="checkbox"/> Kennel Cough aka Infectious Tracheobronchitis | | <input type="checkbox"/> Collapsing Trachea |
| <input type="checkbox"/> Wounds | <input type="checkbox"/> Vomiting | <input type="checkbox"/> Fearful |
| <input type="checkbox"/> Exercise Induced Collapse | <input type="checkbox"/> Stress Colitis | <input type="checkbox"/> Thunderstorm Anxiety |
| <input type="checkbox"/> Pancreatitis | <input type="checkbox"/> Incontinence | <input type="checkbox"/> Food Allergies |
| <input type="checkbox"/> Intestinal Parasites, i.e. Roundworms, whipworms, tapeworms, hookworms etc | | |

Please list details for medical conditions, diagnosis, issues or allergies listed above or other conditions not listed.

If your pet was diagnosed with intestinal parasites or heartworm disease, please indicate when they were diagnosed, treated and cleared.

Please list what Heartworm and Flea & Tick preventatives your pet is currently taking and when was the last dose given of each.

Please provide ANY additional information that will allow us to properly care for your pet below:

Please indicate below all medications your pet is currently taking, this includes prescribed medications, supplements, preventatives as well as over the counter products. Please include Name of Medication, Dosage, Frequency, Last Dose Given, Purpose of Medication. YOU WILL NEED TO COMPLETE THE MEDICATION AUTHORIZATION FORM as well for these medications. That form is on our website and a link was/will be provided in an email and/or text message from the Pet Resort.

How long have you had this pet?

And, where did you get them?

___ Rescue

___ Shelter

___ Stray

___ Breeder

___ Other

What type of food will we be feeding your pet while they are with us?

___ Food from Home

___ Resort Food

Each meal must be pre-bagged and labelled, food brought in NOT bagged or in large containers will access a \$3.00/meal measuring fee

How many times per day are they fed?

___ One

___ Two

___ Three

___ Four

And, how much are they fed AT EACH feeding?

___ 1/2 cup

___ Other

___ 3/4 cup

___ 1 cup

___ 2 cups

Feeding instructions, i.e. add water to dry food, blend canned and dry food, etc.

Does your pet have any sensitivities (activities, situations, or areas on the body)?

Yes No

Has your pet ever bitten anyone or other dogs?

Yes No

Has your pet ever shown any aggressive signs to another dog or person while playing with toys or eating food or treats?

Yes No

Would you be interested in your pet receiving obedience training while here?

Yes No

Has your pet ever participated in a daycare/day camp program before?

Yes No

Has your pet ever climbed or jumped a fence before?

Yes No

Can your dog open a door that is locked with a dead bolt?

Yes No

Does your pet chew/destroy bedding and/or blankets?

Yes No

Is your pet frightened by thunderstorms or loud noises?

Yes No

Indicate the activity level that best suits your pet:

____ Very relaxed

____ Moderate

____ High Energy

Signature _____ Date _____