

ADDITIONAL GUESTS REGISTRATION

Name of Guest

Species (Circle One) Dog Cat Bird
 Rabbit Ferret Other

Breed _____ Sex M M/N
 Color _____ Weight _____ F F/S

Birthday _____ Age _____

Notes Of Interest:

Name of Guest

Species (Circle One) Dog Cat Bird
 Rabbit Ferret Other

Breed _____ Sex M M/N
 Color _____ Weight _____ F F/S

Birthday _____ Age _____

Notes Of Interest:

Health Info:
 My Veterinarian Is _____

Veterinary Facility _____

Phone # _____

Proof of Vaccination
 My Parents Brought Vet Records
 My Vet. Faxed Them

Allergies _____

Past Illnesses or Injuries :

Health Info:
 My Veterinarian Is _____

Veterinary Facility _____

Phone # _____

Proof of Vaccination
 My Parents Brought Vet Records
 My Vet. Faxed Them

Allergies _____

Past Illnesses or Injuries :

Reasonable precaution will be used against injury, escape, or death of this pet. The Boulder Falls Resort and staff will not be held liable or responsible in any manner in connection therewith as it is thoroughly understood that I assume all risks. No supervision will be provided during the night time hours. Should a problem arise, reasonable attempts will be made to contact and refer to the veterinarian of record above. I understand that any problem that develops with my pet will be treated as deemed best by the staff veterinarians and or emergency animal clinic and I assume full responsibility for the treatment expense involved. All vaccinations are required and will automatically be given unless sufficient proof of vaccination by a licensed veterinarian is provided at or prior to arrival. Full payment for boarding and any services is due at time of departure and is required for any animal to check out.

 Owner or Responsible Party

 Date