## **Montrose Pet Hotel Enrollment Form**



montrosepethotel.com

3879 Pickett Road • Fairfax, Virginia 22031	(703) 425-5000	
Today's Date:		
Owners Name:		
Address:	Zip:	
Email:		
Home Phone:	Cell Phone:	
Additional Owners Name:	(C)	
Emergency Contact:	(C)	
Referred By (Check one):		
☐ Montrose Animal Health Center ☐ Employee ☐ Fac	cebook Google Yelp Other:	
Pet(s) name(s)		
Is your pet a (Check all that apply): Dog or Cat	☐ Male or ☐ Female Spayed or Neutered? ☐ Yes ☐ No	
Veterinary Practice:		
Pets Weight: Pets Date of	Birth:	
Pets Breed:	Color(s)/Markings:	
Has your pet ever been boarded before? Yes No		
Does your pet have any known allergies?		
If yes, to what?		
Has your pet been ill within the last 30 days?	No	
If yes, please describe:		
Is your pet on Flea Prevention? Yes No Type:	Date Last Applied:	
Feeding Instructions: Frequency: AM:	Noon: PM:	
Quantity per meal: Will	provide own? Yes: No:	
List any medical issues/special care instructions or Medications:		

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## **MPH Boarding Agreement**

Between Montrose Pet Hotel (AKA MPH Associates LLC) an	d ( <b>Owner</b> ), who
is Presenting ( <b>Pet's Name</b> )	and all other future pets for boarding.
	Terms of Agreement
viruses, which include but are not limited to, Parvo, Dist Montrose Pet Hotel has taken responsible steps to minim	onsible or liable for any injuries, harm, damages, or loss of any kind caused by airborne temper, Corona, Canine Influenza Virus, and Tracheobronchitis (canine kennel cough). ize the occurrence of communicable diseases. All pets, boarding or staying for daycare, eted 5 days prior to arrival. For dogs, this includes, Bordetella, Distemper, Rabies, and a Rabies completed.
exacerbate any underlying physiological problems of the pe or unknown pre-existing or current health issues. Problems	cressful for pets and that such stress can cause suppression of the immune system and can et relating to age or breed. As a result, said pets could manifest problems relating to known pets may experience include gastrointestinal issues due to stress and orthopedic problems reface if they don't use their bedding, etc.), but are not limited to the aforementioned.
	d share your pet's photograph on our social media accounts and use those pictures for st, you will receive weekly or monthly advertisements, updates, and blog posts from us
In the event that your pet requires medical attention.	every effort will be made to reach out to you to discuss options for care. If you are
unreachable we will contact your emergency contact (assu	uming one has been given) to get their opinion. If we are unable to reach any party and chorizes Montrose Pet Hotel to obtain his/her pet's medical records to administer proper
Do all that Montrose Pet Hotel deems nece	essary to try and maintain the pet's health. Owner verifies that he/she is responsible for
all cost relating to that care at a separate veterion	
	<u>OR</u>
	re than \$, (minimum requirement is \$500 to cover initial emergency care). Owner esulting in any inability to exceed the specified amount of medical treatment.
If your pet becomes ill we will take it to Montrose Animal H	Health Center if open, or if needed, a nearby emergency care center.
Owner is responsible for any damage that his/her pet cause request).	ses to people, property, or their pets (inclusive of any pets boarding together at owner's
	ve overnight staffing in the facility. This is to ensure that your pet(s) have a restful night, building. Motion-sensor alarms are set nightly; any trip causes the police to be contacted ty owner is contacted as well.
Owner understands that Montrose Pet Hotel cannot be res	sponsible for any items lost or destroyed.
Owner agrees to pay the daily rate per pet and for any and if picked up after 12:00 PM or on Sunday.	illary services or products as requested including the mandatory \$25 daycare fee per pet
Owner understands that pet abandonment in the Commo prosecution of these statues (VA Code ANN. 3.2-6504).	nwealth of Virginia, is viewed as a class 3 misdemeanor and agrees to pay all cost in the
Client Name Printed:	<del></del>
Client Signature:	Date: