



2024 - Luxy Pet Hotel

Wagging Tails Welcome!



OWNER INFORMATION

Full Name:			
Address:		City:	State:
Phone: (.....)		Work Phone: (.....)	
Email:		How did you hear about us?	
Emergency Contact:		I authorize the individuals above to pick up my pet from Luxy Pet Hotel.	
Full Name:		Relationship:	Mobile Phone: (.....)
Hotel Name:	Check In date:	Check out date:	
Luxy Pet Hotel Accommodation ()		Sharing the same room ()	
Reservation Channel: () Agency () Online () Call Center () Whatsapp () Social Media			

PET'S INFORMATION

Pet's Name:		Female ()	Male ()
Breed:		Weight:	Color:
Age:	Birthdate: / /	Microchip #	
Check where appropriate: Neutered ()		Not Neutered ()	

REQUIRED VACCINES

* Rabies - required yearly	ATTENTION PLEASE! We are a high-capacity boarding facility. Therefore; All vaccinations must be updated at least 15 days before the check-in date. It is the pet owner's responsibility to keep vaccines up-to-date. Pets whose vaccination period has expired will not be accepted or will be done by our Veterinarian and will be charged to the pet owner.
* Mix Vac. Dog: DHPP Vaccine - Canine Adenovirus (CAV), Canine Hepatitis (CAV-1), Kennel Cough (CAV-2), Canine Parainfluenza, Canine Parvovirus.	
* Internal and External Parasites - required every 3 months	

If your pet is exempt from certain vaccines for medical purposes, we require a letter sent by the pet's primary veterinarian stating the reasons why. The exemption letter must be sent with the Hospital letterhead and doctor's signature before check-in. For the safety of your pet, ALL DOSG MUST BE ON LEASHES.

PET PROFILE

* Has your dog ever attended a daycare or boarding facility in the past?	Yes ()	No ()
* Does your dog play with other dogs?	() Male and Females	() Only males () Only females
* Which of the following best describes your dog's level of socialization with other dogs:		
<input type="checkbox"/> None – no knowledge of other dog interactions <input type="checkbox"/> Minimal – on leash encounters only <input type="checkbox"/> Moderate – some off-leash playtime on occasion with visitor's/neighbor's/friend's dog(s) <input type="checkbox"/> Extensive – regular visits to off-leash dog parks, dog daycare, etc.		
* Has your dog exhibited any problems previously in an off-leash social environment?	Yes ()	No ()
* Does your dog have any sensitive areas on his/her body?	Yes ()	No ()
If yes, where?		
* Where is your dog's favorite petting spots?		
* Please check all answers that describes your dog's personality:		
* Does your dog have any problems in any of the following areas? If yes, please explain.		
Mouthing:	Barking:	Digging:
		Jumping Fences:
* Is your dog aggressive towards other dogs, humans, or any other animals?	Yes ()	No ()
* Has your dog ever bitten a person or another dog? If yes, please explain:	Yes ()	No ()
* Has your dog displayed any of the following reactions? (Please check all that apply):		
() Will bite () May bite () Growls () Snaps () Shows teeth () Trembles () Freezes () Moves away/hides		
* Does your dog have separation anxiety?	Yes ()	No ()
* Please provide any additional information necessary that was not covered above:		

FEEDING INFORMATION (Only for Luxy Pet Hotel Accommodation)

* Is your pet a picky eater? () Yes () No	If yes, please explain:	* Does your pet have any food allergies? () Yes () No
		If yes, please explain:
* Type of Food or Brand Name:		
* Please bring pets food pre-measured per feeding (AM & PM) in Ziploc bags or containers labeled with his/her name		
Please describe how much & how you feed your pet:		
A.M.	P.M.	

***Proplan and Royal Canin brand foods are served in our facility.**

* If your pet requires additional feedings or lunch, please let our front-desk staff know.

WE STRONGLY RECOMMEND BRINGING YOUR PETS FOOD FROM HOME. CHANGING YOUR DOGS DIET MAY CAUSE PROBLEMS.

VETERINARIAN INFORMATION

Veterinarian's Full Name:	Cell Phone #
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MEDICAL HISTORY (Only for Luxy Pet Hotel Accommodation)

* Has your dog been ill in the last 30 days?	Yes ()	No ()
* Is your dog displaying any symptoms such as coughing, sneezing, or upset stomach?	Yes ()	No ()
* Does your dog have any previous or current injuries? If yes, please explain:	Yes ()	No ()
* Does your dog have or is prone to any of the following?		

