

**CLIENT REGISTRATION**



100 Animal Avenue  
Sanford, NC 27330  
919-776-0076  
raezorgbd.office@gmail.com

OWNER'S NAME: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

STREET ADDRESS (IF DIFFERENT FROM ABOVE): \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

SPOUSE/SECOND OWNER: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**PET 1**

PET'S NAME: \_\_\_\_\_

SPECIES:      DOG                    CAT

BREED: \_\_\_\_\_

COLOR: \_\_\_\_\_

DATE OF BIRTH/AGE: \_\_\_\_\_

GENDER:      MALE                    FEMALE

FIXED (SPAYED/NEUTERED):    YES      NO

LAST HEAT CYCLE: \_\_\_\_\_

GASTROPEXY/STOMACH TACK:    YES      NO

**PET 2**

PET'S NAME: \_\_\_\_\_

SPECIES:      DOG                    CAT

BREED: \_\_\_\_\_

COLOR: \_\_\_\_\_

DATE OF BIRTH/AGE: \_\_\_\_\_

GENDER:      MALE                    FEMALE

FIXED (SPAYED/NEUTERED):    YES      NO

LAST HEAT CYCLE: \_\_\_\_\_

GASTROPEXY/STOMACH TACK:    YES      NO

VETERINARY CLINIC WHERE PETS RECEIVE VACCINES: \_\_\_\_\_

CURRENT HEARTWORM/FLEA & TICK PREVENTION: \_\_\_\_\_

**PERMISSION TO USE PHOTOGRAPHS/VIDEOS**

- I **GRANT** Rae-Zor Grooming, Boarding & Daycare the right to photograph and/or video my pet(s). I agree Rae-Zor Grooming, Boarding & Daycare may use photographs/videos of my pet(s) for any lawful purpose including publicity, illustration, advertising, website, and social media content.  
*This is not a guarantee my pet(s) will be photographed/posted.*

- I **DO NOT GRANT** Rae-Zor Grooming, Boarding & Daycare the right to photograph/video my pet(s).

**CAPSTAR**: ALL BOARDING AND GROOMING GUESTS WILL RECEIVE A MANDATORY CAPSTAR PILL AT CHECK-IN. THIS IS A FLEA-PREVENTIVE PILL THAT WORKS IN 20 MINUTES AND LASTS FOR 24 HOURS TO ENSURE THAT THE FACILITY REMAINS FLEA FREE.

**PAYMENT**: PROFESSIONAL FEES ARE TO BE PAID AT THE TIME SERVICES ARE RENDERED.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**HEALTH & TEMPERAMENT  
ASSESSMENT AGREEMENT**



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I hereby certify that my pet(s) is/are in good health and have not been ill with a communicable disease in the last 30 days.

I certify that my pet(s) is/are currently up to date on all vaccination/examination requirements deemed necessary by Rae-Zor Grooming, Boarding & Daycare (RGBD). The vaccination/examination requirements for dogs include **Rabies, Distemper/Parvo, 6-Month Bordetella (Kennel Cough), Canine Influenza (Flu), and Negative Fecal Exam (Intestinal Parasite Screening)**. The vaccination/examination requirements for cats include **Rabies, Distemper (FVRCP), and Negative Fecal Exam (Intestinal Parasite Screening)**. I give permission to RGBD to retrieve all vaccination records and medical/wellness history from my vet clinic.

I further certify that my pet(s) has/have not harmed or shown aggressive or threatening behavior towards any person or any other pet.

I acknowledge that by signing up for daycare or playtime, my pet(s) will be socialized with other pets under the supervision of an RGBD employee. If an appropriate playgroup is unavailable for my pet(s), I understand that my pet(s) will receive enrichment instead of playtime.

I acknowledge all pets entering the facility will be subject to a Health and Temperament Assessment. The Health and Temperament Assessment is required for the staff to gain knowledge on how best to care for each individual guest. **NO GUEST WILL BE TEMPERAMENT-TESTED WITH OTHER PETS UNLESS SIGNED UP FOR DAYCARE OR PLAYTIME. ALL ENRICHMENT SESSIONS ARE WITH EMPLOYEES ONLY.**

I understand that I am solely responsible for any harm or illness caused by my pet(s) attending daycare or other activities.

I further understand and agree RGBD staff will not be liable for any problems that develop provided reasonable care and precautions are followed, and I hereby release them of any liability of any kind whatsoever arising for my pet(s) attendance and participation at the facility.

I agree to notify RGBD if my pet(s) is/are diagnosed with a communicable illness and will keep him/her at home if I am aware of the symptoms.

I further understand and agree that any problems that develop with my pet(s) will be treated as deemed best by the staff of RGBD, and I assume full financial responsibility for any and all expenses involved.

RGBD reserves the right to refuse or terminate the admittance of any pet at any time deemed unsuitable for this environment.

**I CERTIFY THAT I HAVE READ AND UNDERSTAND THE RULES AND REGULATIONS SET FORTH ABOVE, AS WELL AS UNDERSTAND THIS AGREEMENT IN ITS ENTIRETY. I AGREE TO ABIDE BY THE RULES AND REGULATIONS AND ACCEPT ALL TERMS, CONDITIONS, AND STATEMENTS OF THIS AGREEMENT.**

OWNER'S NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_