



Canine Pet Resort  
26 Whitesville Road  
Jackson, NJ 08527

Tel: 732-886-WOOF  
Fax: 732-886-9668

Email: [info@caninepetresort.com](mailto:info@caninepetresort.com)

I, \_\_\_\_\_, acknowledge that my dog, \_\_\_\_\_ is  
(Your Name) (Dog's Name)

currently under a flea control program. Examples of a flea control program are Frontline Plus. I understand that my dog will be inspected for fleas – if fleas are found, the dog will be administered a flea bath and a flea preventative immediately at your expense.

My dog will be on the following flea treatment for the months of April through October.

Type of Flea Prevention \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**\*\*If your dog is not currently on a flea prevention program, you can purchase Frontline Plus here. Frontline Plus is recommended by most veterinarians. We can help you apply the first dosage on your dog's first visit.\*\***