![C:\Users\COZY INN\AppData\Local\Microsoft\Windows\INetCache\IE\J08LLFFE\paw-print[1].jpg]() COZY INN PET RESORT & SPA

|  |
| --- |
|  Guest REGISTRATION FORM |

Owner's Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State \_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_

Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Emergency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver’s License No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_ How did you learn of Cozy Inn? \_\_\_\_\_\_\_\_\_\_\_\_\_

Has your pet stayed at any other boarding facility/hospital within the last past 30 days? \_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Pet's Name  | 1 | 2  | 3 |
| Age / Date of Birth |  |  |  |
| Male/Female |  |  |  |
| Color/Markings |  |  |  |
| Breed |  |  |  |
| Spayed/Neutered |  |  |  |
| PA License numberTattoo/Microchip # |  |  |  |

Veterinarian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vaccination Records/Dates (Receipts must be present at check-in)

Proper vaccinations of all pets staying at the resort is for your pets' protection as all others.

No exceptions will be made to this policy.

THE FOLLOWING VACCINATIONS ARE MANDATORY AND NO PET WILL BE ACCEPTED WITHOUT PROOF OF THESE VACCINATIONS:

|  |  |  |  |
| --- | --- | --- | --- |
| DHPP |  |  |  |
| BORDETELLA |  |  |  |
| RABIES |  |  |  |
| LEPTOSPIROSIS (Optional) |  |  |  |

FECAL TEST (within 30 days prior to check-in and every 6 months thereafter)

|  |  |  |  |
| --- | --- | --- | --- |
| Date |  |  |  |
| Results |  |  |  |
| Treatment |  |  |  |

Health Problems \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medications (type & dosage) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your pet prone to HOTSPOTS \_\_\_\_\_\_\_\_ EAR INFECTIONS \_\_\_\_\_\_EYE DRAINAGE/IRRITATION \_\_\_\_\_\_\_

ALLERGIES \_\_\_\_\_\_\_\_\_\_ STRESS-RELATED DIARRHEA (COLITIS) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your pet(s) bite? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Is/are your pet(s) aggressive in any manner? \_\_\_\_\_\_\_\_

Please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Under Pennsylvania law, the owner of any pet (s) is strictly and absolutely liable for any personal injuries the animal (s) may cause to humans. Accordingly, I will be responsible and will pay any medical expenses.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Boarding Release Form and Agreement**

Professional grooming and styling is available upon request and involves a separate fee.

Veterinarian procedures are to be scheduled in advance and are not included in the Cozy Inn's boarding fee. Surgical and veterinarian visits will be invoiced separately through the Veterinary Clinic, and payment is expected upon your pet's departure from the Resort. A QUALIFIED VETETRINARIAN IS AVAILABLE 24 HOURS A DAY.

 OWNERS MUST HAVE WRITTEN PROOF THAT ALL OF THE PET’S INNOCULATIONS ARE CURRENT FOR THE FOLLOWING:

DISTEMPER, HEPATITIS, PARAINFLUENZA, PARVO, BORDETELLA BRONCHIOSEPTICA AND RABIES (IT’S A STATE LAW THAT YOUR PET MUST BE VACCINATED AGAINST RABIES IF OVER 3 MONTHS OF AGE, AND THE YEARLY OR EVERY 3 YEARS AS DETERMINED BY YOUR FAMILY VET).

YEARLY, BORDETELLA BRONCHIOSEPTICA/(CANINE COUGH) VACCINES IS ALSO REQUIRED HOWEVER, RECENT EVIDENCE INDICATES THAT VACCINATIONS EVERY 6 MONTHS PROVIDES A MUCH BETTER PROTECTION AGAINST THIS AIR-BORNE VIRUS. LEPTOSPIROSIS VACCINE IS NOT REQUIRED BUT IS STRONGLY RECOMMANDED FOR GUEST OF COZY INN, DUE TO THE FACT THAT WE ARE LOCATED IN A RURAL SETTING. WE ALSO STRONGLY URGE ALL GUEST BE ON A PREVENTATIVE FLEA AND TICK PROGRAM, SINCE THEY WILL BE TAKING FIELD TRIPS IN THE MEADOWS AND WOODS.

*PETS MUST HAVE RECIVED INNOCULATIONS AT LEAST 14 DAYS PRIOR TO CHECK-IN TO THE RESORT.*

**Please refer to the Cozy Inn Brochure for a detailed price list of all services.**

I understand that payment for boarding and additional services is to be paid in full on day of check-out.

In placing my pet under the care, control and custody of Cozy Inn Pet Resort for vacation stay and maintenance, it is understood and agreed that said firm assumes no responsibility for the loss of pet by theft, death or escape, nor for sickness or injury incurred: and in consideration of services to be performed, do hereby release and discharge owners and employees, trading and doing business as
Cozy Inn Pet Resort from all liabilities for damages occasioned by loss, injury or illness as above set forth. I agree to pay all veterinarians' fees and expenses.

OWNER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_\_\_\_\_WITNESS\_\_\_\_\_\_

**I AM TOTALLY AWARE AND AGREE TO PAY AND HAVE PERFORMED ON MY PET THE VARIOUS PROCEDURES AND INSTRUCTIONS I HAVE MARKED ON THIS AGGREEMENT.**

OWNER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_\_\_\_\_WITNESS\_\_\_\_\_\_

The Pet Resort reserves the right to refuse any pet that does not meet the prerequisites. In addition, we will refuse to accept any animal that has proven vicious, destructive, or un-handleable in a boarding situation.

 **AGREEMENT**

Under Pennsylvania law, any cost to a victim for medical treatment resulting from an attacking or biting dog fully must be paid by the owner.

The undersigned owner(s) hereby agree (s) to pay all costs of any kind whatsoever for any personal injury to and/ or property damage sustained by any Cozy Inn Pet Resort & Spa employee caused by the undersigned's pet.

This agreement covers any and all such costs, including, but not limited to medical bills and/ or medication expenses, lost wages, lost benefits, replacement property and/ or related charges.

The undersigned further agrees to pay all boarding charges, veterinary bills and medications expenses for any other pet injured by the undersigned's pet.

Additionally, the owner (s) agree(s) to indemnity, hold harmless and defend Cozy Inn Pet Resort & Spa from any claim made by any employee or third party against Cozy Inn Pet Resort & Spa by reason of any such act by the undersigned's pet. This provision includes indemnification for all damages, costs and fees. Including reasonable attorneys' fees, but nothing herein shall preclude Cozy Inn Pet Resort & Spa for selecting counsel of its choice.

IN CASE OF A SPOUSE OR CO-OWNER, ALL PARTIES AGREE TO BE JOINTLY AND SEVERALLY LIABLE FOR ANY DAMAGES OR COSTS SET FORTH, ABOVE.

OWNER: SPOUSE/CO-OWNER (If applicable)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

signature signature

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print name print name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

date date

EMPLOYEE SAFETY HANDLING FORM

Has your pet ever bitten anyone? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Is/Are your pet (s) aggressive in any matter? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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Are there any warnings or cautious actions that should be taken by the staff with your pet to prevent any aggressive situations? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please be aware that under Pennsylvania Law, the owner of any dog or other pet(s) is strictly and absolutely liable legally & financially for any personal injuries and associated costs that may occur due to a bite. Accordingly, I agree that all above statements made in my pet's behalf are true and correct.

I agree and understand that any injuries will be responsible and will pay any medical expenses.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FEEDING PREFERENCES:

PETS NAME(S):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BRAND NAME OF FOOD:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOW MUCH FOR EACH FEEDING?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DO YOU LEAVE FOOD DOWN ALL DAY?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cozy Inn Pet Resort & Spa**

**405 Hauger Hood Rad**

**Stahlstown, PA 15687**

**(724) 593-6133**

#### Canine Cough

I received the information on canine cough provided to me by the Cozy Inn. I am aware that should my pet(s) contract the cough while boarding at the Cozy Inn, that my pet(s) will be given cough syrup provided by the Cozy Inn Pet Resort. Should the cough continue or worsen, after administering the cough syrup (36 hour period), veterinary care will be provided by the Loyalhanna Veterinary Clinic (Stahlstown location) ( Dr. Croft). Any and all bills resulting from the veterinary visits are solely my financial responsibility, and I will not hold the Cozy Inn Pet Resort liable for payment.

**We do everything in our power to prevent the spread of this contagious cough and we appreciate your understanding in this matter.**

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date\_\_\_\_\_\_\_\_\_\_\_\_**

**Gabrielle’s Garden**

 **Off Leash Park & Activity Center Form**

 **Cozy Inn Pet Resort & Spa**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Pet's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PLEASE READ CAREFULLY:**

**Gabrielle's Garden is a 25-acre off leash park with a one mile or half-mile radius paths where your pet can run off-leash. Our Pet Techs are the chaperones on your pets jaunt, taken alone or with the pack.**

**Gabrielle's Garden is not a public park. It is for the guest/family members of Cozy Inn Pet Resort. Pet owners may walk with their pets by appointment only. Reservations are required, and resort protocol must be followed. A release must be signed prior to entering the park. Field Trips are limited to 20 minutes per trip unless otherwise requested.**

**I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(owner) and \_\_\_\_\_\_\_\_\_\_\_\_\_\_(pet) understand that Gabrielle's Garden is a private off lease park on private property, which is offered as an amenity for the sole and exclusive use of Cozy Inn Pet Resort's guests. I understand that Gabrielle is a natural park in its natural state. There may be an encounter with a groundhog, skunk, snakes, bees, birds, deer, fleas, ticks or any other creature that could live in this environment. It is to be also understood that pets running free and playing could get scrapes and bruises i briar bushes or berry bushes. This is an all-natural park.**

**It's the natural environment that is entertaining and fun for the pet. I agree to hold harmless and release Cozy Inn Pet Resort, and its staff from all liability to myself. my pet and any family member who may accompany us during our visit.**

**I also understand that Veterinarians carry flea, tick, and heartworm preventative medicine that I may purchase or request.**

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Photograph Release**

I hereby grant the **COZY INN PET RESORT AND SPA** and/or its affiliates and/or its assigns permission to use photographs in any printed or electronic materials, indefinitely and for any purpose.

I further grant the **COZY INN PET RESORT AND SPA** the right to crop, edit, and otherwise alter the photographs and combine them with other photographs or graphic elements freely and without my inspection. By signing this release, I waive any claim I might otherwise have for invasion of privacy due to publication of these photographs. I understand that these photographs will not be sold or traded to a third party for any reason; however, also I understand that these images placed on the world wide web may be accessed by third parties without consent. I warrant that I have reached the age of maturity and have every right to grant the permissions herein granted. Further, I represent that read this document before signing it and understand its provisions.

**Name(please print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

To Whom It May Concern:

**Effective 1-1-05 Cozy Inn Pet Resort will require a Mastercard or Visa to secure all reservations. No charges will be made to the card unless you fail to give at least a 72 hour cancellation notice or if you fail to keep your reservation. It’s a charge of $25.00 per pet up to 3 days. If no Mastercard or Visa is available you must send a check of $25.00 per pet to secure your reservation. NO reservations are secured without the deposit.**

Carol Boerio-Croft

**Credit Card #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type of Card\_\_\_\_\_\_\_\_**

**Expiration date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CCV\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: (As it appears on credit card) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**