

INTAKE WEIGHT: \_\_\_\_\_ Input In Computer?  YES Belonings Logged?  YES Intake Employee Initial: \_\_\_\_\_

**Feeding Instructions**

OWN FOOD       VAH FOOD

In the occurence that your pet runs out of food provided by owner, is it ok to feed the diet carried in hospital?  YES  NO

Instructions: \_\_\_\_\_

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Treat Instructions: \_\_\_\_\_

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**Behavior/General Health**

Bite History     Dog Aggressive       Fence Fighter       Fence Jumper/Climber  
 Destructive     Allergies?             Runner                 Other (Specify)

Specify: \_\_\_\_\_

**CHECK ACCOUNT ALERTS JUST IN CASE**

**Photo Updates?**  
 YES       NO  
 {CNUMBER\_\_\_\_\_}

Additional Services While Lodging?: \_\_\_\_\_

Up-to-date Lodging Contract?  YES - Lodging Attendant Initial: \_\_\_\_\_

Vaccines UTD?  YES  NO \_\_\_\_\_

Pet on medication while lodging?  YES  NO (If yes fill out second form)

OWNER SIGNATURE X \_\_\_\_\_

**WALK LIST**

DATE	6am	Extra	10am	Extra	2pm	Extra	5pm
/	U / BM / NA	U / BM / NA	U / BM / NA	U / BM / NA	U / BM / NA	U / BM / NA	U / BM / NA
/	U / BM / NA	U / BM / NA	U / BM / NA	U / BM / NA	U / BM / NA	U / BM / NA	U / BM / NA
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Feeding Log **Any abnormal BMs,Urination,Vomiting,Lack of eating or drinking MUST BE LOGGED IN COMPUTER!!**

Feeding Schedule	/	/	/	/	/	/	/	/	/	/	/	/	/	/
Overnight														
AM Meal														
Lunch(If any)														
PM Meal														

**Pets Name: {NAME} Last Name: {LASTNAME}**      Release Initial: \_\_\_\_\_

In: {ARRIVALDATE[SHORT]}    Out: {DEPARTUREDATE[SHORT]}