

Date In ____ / ____ Date Out ____ / ____

Lodging Check In

Run DW Condo Avian Cage ISO/Hospital Sharing

Owner _____ Main Phone _____

Pet _____ ALT. Phone _____

Vaccinations

Canine: Rabies Dhlpp Bordetella CIV1 CIV2

Feline: Rabies FVRCP FELV

Avian: Polyoma

Pet's Medication (\$4.00 per Night)

Medication 1: _____ Last Given: _____

Directions: _____

Medication 2: _____ Last Given: _____

Directions: _____

Medication 3: _____ Last Given: _____

Directions: _____

In the event that your pet's health is considered by the veterinarian on site to be that of an emergency nature, your pet WILL be treated at your expense. If the condition is NOT of an emergency nature, we will call and notify you, however if we cannot get ahold of you we will continue with treatment.

Initial _____

Signature _____ Date _____

Authorization for Release of Pet to a Person Other Than Owner

If someone other than the owner is to pick up a pet from lodging, please let us know when the pet is brought in. We will not release an animal to someone other than the owner without prior authorization from the owner.

Person's Name _____ Phone Number _____

Additional Services Needed During Pet's Stay

Exam (\$49) Vaccines (Price Varies) Anal Gland Expression (\$32) Nail Trim (\$12)

Staff Bath (\$20-\$45)

Text Message Options*

Photo Video Text Update None Phone # _____

*Message will be sent every 3 days. If your pet is staying less than 3 days you will receive one message before picking up. Standard data fees and text messaging rates may apply based on your plan with your mobile phone carrier. As mobile access and text message delivery is subject to your mobile carrier network availability, such access and delivery is not guaranteed.

Feeding Instructions

*The food included with Lodging is Hill's Science Diet Dry. If your pet is on a Prescription Diet and their food runs out, we have to continue feeding your pet their special diet for their health. We can pull their food and add a charge to your account.

Food from Home Food Included with Lodging (Dry Only)

Dry Canned Treats (From Home)

Amount of Dry: _____ Amount of Canned: _____ Number of Treats: _____

Once a day: AM/PM Twice a day Three Times a day Leave bowl out/ Free Feed

Initial _____