

The Pet Lodge Check-In

Pet History	Pet 1-	Pet 2-
Current on Heartworm prevention? Brand used?	Yes no	Yes no
Has your pet had a fecal in the last 6 months?	Yes no	Yes no
Any vomiting, coughing, sneezing or diarrhea?	Yes no	Yes no
Is your pet allergic to any drugs? List:	Yes no	Yes no
Is your pet allergic to any particular types of food or treats?	Yes no	Yes no
Does your pet have any aggressive behavior?	Yes no	Yes no
Has your pet had any illness or injury in the past 30 days?	Yes no	Yes no
List any medical conditions that we need to know about your pet while boarding?		
Fleas? Yes No Capstar will be given at the owner's expense.		
Does your pet suffer from any separation anxiety or thunder phobia? If yes, can we use a mild sedative?	Yes no Yes no	Yes no Yes no
Pet's weight at check-in		

Check-in Date: _____ Pick-up Date: _____ AM PM

Boarding Facility: Lodge # _____ Suite # _____

Current Diet: _____

Special Feeding Instructions: _____

Inventory

OPTIONAL SERVICES AVAILABLE AT ADDITIONAL CHARGE:

Dismissal Bath \$20 YES NO Dermalyte Aloe/Oatmeal Mal-A-Ket Malacetic Other

Medication Administration YES NO Medications: _____
 \$5/day Instructions: _____

MEDICAL SERVICES REQUESTED AT ADDITIONAL CHARGE:

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Physical Exam-Specify Problem _____ | <input type="checkbox"/> Annual Exam | <input type="checkbox"/> Dental Propy |
| <input type="checkbox"/> Fecal Exam | <input type="checkbox"/> Semi Annual Exam | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Heartworm Test | | |

Admitting Technician Initials: _____

OWNER RELEASE

I understand ALL pets admitted to the clinic/lodge must be protected against communicable contagious diseases and must be free of internal and external parasites or will be treated on entry or discovery at the owner /agent's expense.

If a medical problem arises while my pet is boarding, I understand that a veterinarian will examine my pet and that I WILL BE CHARGED AN EXAM FEE.

If the veterinarian determines that additional diagnostic tests and/or treatments are needed, (CHECK ONE)

- I authorize the staff to treat my pet according to the veterinarian's orders, you need not contact me first.**
- Contact me or my agent for pre-approval, prior to any additional testing or treatment.**

IN A MEDICAL EMERGENCY: (CHECK ONE)

- Please treat my pet as required. I authorize the medical staff to sedate my pet and/or to perform emergency procedures as may be necessary for the health of my pet. I understand that I will be contacted as soon as possible after my pet has been stabilized. I agree to pay, in full, all charges for necessary services rendered for and to my pet.**
- Perform only emergency and supportive care. Notify me for permission to begin any other treatment.**

I understand that the clinic/lodge is not responsible for loss or damage to personal items left with the pet including but not limited to leashes, collars, toys, and bedding. The clinic/lodge is to use all reasonable precaution against injury, escape, or death of my pet. The clinic/lodge and staff will not be held liable for any problems that develop provided reasonable care and precautions are followed. I understand that any problem that develops with my pet will be treated as noted above and I assume full responsibility for the treatment expense incurred.

I will call if my "pick-up date" changes so you can plan accordingly. If I neglect to pick up my pet within 10 days of the date scheduled for discharge, and do not notify you within that time period, you may assume that the pet is abandoned and are hereby authorized to dispose of the pet as you deem best and/or necessary.

Hurricane Policy: Boarding services will be suspended whenever a tropical storm or hurricane forms in or enters the Gulf of Mexico. No boarders will be accepted. All pet owners of animals boarding at the time will be notified to pick up as soon as possible.

- I grant The Pet Clinic and The Pet Lodge, its representatives and employees the right to take photographs of my pet, and to copyright, use and publish the same in print and/or electronically, with or without my pet's name for any lawful purpose, including publicity, illustration, advertising and Web content.**

Date: _____ Owner / Agent: _____

Please list phone numbers we may call to contact you while you are out of town.
