

**Welcome to the Pet Resort at
The Pet Vet On Patton**

BOARD INFORMATION SHEET

Pet Name: _____ **Breed:** _____ **Color:** _____

Name of Owner/Guardian: _____

Phone Number: _____ Email Address: _____

Alternate Contact & Phone #(in case of emergency): _____

CHECK IN DATE: _____ **CHECK OUT DATE:** _____

How often does your pet eat? 1x 2x How many cups? AM _____ PM _____

Treat instructions: _____

Does your pet have any food allergies? _____ **Other allergies?** _____

Did you bring any of your pet's belongings? Yes? _____ No? _____

If yes please list:

Is your pet on medication? Yes? _____ No? _____

If yes, please list medication name and instructions:

Do you have any special instructions or is there anything we should know about your pet?

Is your pet spayed/neutered? Yes _____ No _____ For Intact Female Dogs: Date of Last Heat _____

Is your pet a fence jumper or an escape artist? _____

Would you like your pet to participate in daycare? _____

Would you like us to provide emergency care if required? _____

The Doctor determines what is considered an emergency. If there is a health concern with your pet, we will try to contact you first but if no return contact is made after a reasonable time, the doctor will proceed with necessary treatment at the owner's expense.

Please note: Dogs may, without warning, bite or cause injury to humans and other dogs. I acknowledge and understand that there are certain risks involved in participating in daycare, including but not limited to dog fights, dog bites to humans or other dogs, transmission of disease, and fence jumping. I acknowledge that every dog reacts differently and that animals, by nature, are unpredictable.

Owner or Authorized Agent Signature _____ Date _____

****PLEASE BE AWARE THAT WE CHECK EVERY PET FOR FLEAS UPON CHECK-IN, IF WE FIND A FLEA WE WILL AUTOMATICALLY GIVE THEM A FLEA BATH AT THE COST OF \$20, AND WE WILL TREAT YOUR PET WITH A FLEA MEDICATION OF THE DOCTOR'S CHOICE, WHICH YOU WILL ALSO BE CHARGED FOR**** *Owner Initials* _____

FOR EMPLOYEE USE ONLY	Fleas? Y N
FLEA PREVENTION: _____ DATE: _____	Employee Initials _____
HEARTWORM PREVENTION: _____ DATE: _____	WEIGHT: _____