

**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?** _____ **If YES, please list:** _____

◆ **Is your pet on medication?** _____

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?** _____ **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 OR FLEA DIRT WE WILL AUTOMATICALLY GIVE THEM A FLEA BATH AT THE COST OF \$52, AFTER WHICH WE WILL TREAT YOUR PET WITH A FLEA MEDICATION OF THE DOCTOR'S CHOICE, WHICH YOU WILL ALSO BE CHARGED FOR**** ◆ **Owner initials:** _____

◆ **Staff Check for Fleas** _____