



<input type="checkbox"/>	Deposit
<input type="checkbox"/>	Vax yes/no
<input type="checkbox"/>	Treatment Plan
<input type="checkbox"/>	Other _____

Guest Check-in Form

Client Name _____

Check out Date and Time _____ am/ pm

Pet Name _____

Check in Date and Time _____ am/ pm

Home Phone _____

Emergency # of someone authorized to make decisions for you if you cannot be reached:

Cell Phone _____

Emergency Phone _____

Alternate's Name _____

Emergency Phone _____

Phone _____

Does your pet have any ongoing medical conditions? _____

Does your pet have any allergies? _____

Is your pet on a special diet? _____

Does your pet need any medications during their stay? Please provide medication name, dose, and frequency.

1. _____
2. _____
3. _____
4. _____

Time of last dose _____

Time of last dose _____

Time of last dose _____

Time of last dose _____

**There is a special handling fee of \$2 per administration of medication for our resort guests; with a maximum charge of \$10/day.*

Would you like your pet to see a doctor during his/her stay? Yes No

Which veterinarian do you regularly see? _____

Amenities and Activities

Play Hard-Sleep Well

Weather permitting

(Comparable alternate amenities will replace if needed)

- Playtime \$7 (10 minutes)
- Outdoor Trail \$9 (15 minutes)
- Mile Jog \$15
- Pool Splash time \$9 (15 minutes)

Canine Snacks, Treats, and

Good Eats

- Pupsicle Treat \$3 per serving
- Chicken Dinner \$3 per serving

Pampered, Cuddled and Coddled

- Teeth Brushing \$3
- Cuddle Time \$7 (10 minutes)
- Turndown Service. \$7
- Hand Massage \$8 (10 minutes)
- Hair Brushing \$8 (10 minutes)
- Pool Splash time \$9 (15 minutes)

Feline Snacks, Treats, and

Good Eats

- Tuna on the Ritz \$3 per serving
- Seafood Dinner \$2 per serving

Clean and Calm

Please speak to a staff member about pricing.

- Resort Bath
- Groom
- Training



REGARDING THE TREATMENT OF MY PET DURING ITS STAY
in Dogwood Veterinary Hospital & Pet Resort:

a) Treat my pet as needed. Do any and all diagnostic tests, treatments, and surgeries necessary for the well-being of my pet. I accept full financial responsibility for all charges related to the treatment of my pet.

Signature: _____ Date: _____

b) Treat my pet as needed, but not to exceed \$ _____. I understand that if appropriate treatment exceeds the amount designated, and I or my agent cannot be contacted, my pet will NOT receive further medical treatment even if it is life-threatening. I will be responsible for all charges accrued during that time period.

Signature: _____ Date: _____

c) Do not treat my pet without contacting me first, even if it is life-threatening.

Signature: _____ Date: _____

If your pet is not current, vaccines and bi-annual parasite recommendations will be administered.

All guests will be screened for fleas and ticks prior to their stay. If external parasites are noted, they will be treated appropriately, and charged at regular rates.

Canine Guests must have current: Rabies, DHPP, Bordetella vaccines, Heartworm test (annual), Fecal test or deworming (bi-annual).

Feline Guests must have current: Rabies and FVCRP vaccines, Fecal test or deworming (bi-annual).

Dogwood Veterinary Hospital & Pet Resort requires a minimum of one night's deposit for all reservations; three day deposit during holiday season

Noted problems upon check-in _____

To be seen by DVM _____ *Declined all service* _____

Signature _____ *Date* _____