



For Office Use Only:

<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 in Date and Time _____ am/pm
 Pet Name _____ Check out Date and Time _____ am/pm

Home Phone _____ Cell Phone _____
 Emergency Phone _____ Emergency Phone _____

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

Alternate's Name _____
 Phone _____

Does your pet have any ongoing medical conditions? _____

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

1. _____	Time of last dose _____
2. _____	Time of last dose _____
3. _____	Time of last dose _____
4. _____	Time of last dose _____

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

Which veterinarian do you regularly see? _____

Pampering Packages

Play Hard – Sleep Well
 2 - Outdoor Trail
 2 - Hand Massage
 2 - Bedtime Story
Discounted Price \$34.00
 (Savings - \$10.00)

Pampered Chef and Pet
 2 - Cuddle time
 2 - Pupsicle Treat
 2 - Hand Massage
 1 - Teeth Brushing
Discounted Price \$24.00
 (Savings - \$8.00)

Kitty Cuddle and Coddle
 2- Cuddle
 2- Massage or Hair Brushing
 2- Activity Toys
Discounted Price \$22.00
 (Savings - \$8.00)

A'la Carte Amenities

<input type="checkbox"/>	Playtime	\$6	(10 minutes)
<input type="checkbox"/>	Outdoor Trail	\$9	(15 minutes)
<input type="checkbox"/>	Cuddle	\$6	(10 minutes)
<input type="checkbox"/>	Pool Splashtime	\$9	(15 minutes)
		<i>**weather permitting</i>	
<input type="checkbox"/>	Pupsicle Treat	\$2	(per treat)
<input type="checkbox"/>	Bedtime Story	\$6	(10 minutes)
<input type="checkbox"/>	Teeth Brushing	\$2	
<input type="checkbox"/>	Hand Massage	\$7	(10 minutes)
<input type="checkbox"/>	Hair Brushing	\$7	(10 minutes)
<input type="checkbox"/>	Bath	(price varies according to size)	
<input type="checkbox"/>	Grooming	(prices vary)	
<input type="checkbox"/>	Training	(prices vary)	
<input type="checkbox"/>	Dear Mom and Dad E-mails	(no charge)	
	Email:	_____	
Additional amenities for feline guests:			
<input type="checkbox"/>	Activity Toys	\$2	(per day)
<input type="checkbox"/>	Explore Time	\$6	(15 minutes)
<input type="checkbox"/>	Tuna on Ritz	\$2	(per serving)



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.