



Vaccines yes/no
<input type="checkbox"/> Treatment Plan

Guest Check-in Form

Client Name _____

Check in Date and Time _____ am/pm

Pet Name _____

Check out Date and Time _____ am/ pm

Home Phone _____

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

Cell Phone _____

Alternate's Name _____

Emergency Phone _____

Phone _____

Emergency 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 fee of \$2.25 for each oral medication administration; with a maximum charge of \$11.25/day.*

Is your pet currently having any problems? _____

Would you like your pet to be examined by a veterinarian? Yes No

Amenities and Activities

Play Hard-Sleep Well

Weather permitting

(Comparable alternate amenities may be substituted.)

- Playtime \$7.50 (10 minutes)
(individual or group playtime* if possible?)
- Outdoor Trail \$9.50 (15 minutes)
- Mile Walk \$16.00
- Pool Splash time \$9.50 (15 minutes)

**Group playtime is not available on weekends.*

Canine Snacks, Treats, and Good Eats

- Pupsicle Treat \$3.50/serving
- Chicken Dinner \$3.50/serving

Feline Snacks, Treats, and Good Eats

- Tuna on the Ritz \$3.50/serving
- Chicken Dinner \$3.50/serving

Pampered, Cuddled, and Coddled

- Teeth Brushing \$3.50
- Cuddle Time \$7.50 (10 minutes)
- Turndown Service \$7.50 (ask me what this is!)
- Hand Massage \$8.50 (10 minutes)
- Hair Brushing \$8.50 (10 minutes)

Clean and Calm

- Groom (Please speak to a staff member about pricing.)
- Resort Bath (includes nail trim and ear cleaning)
- Nail Trim

REGARDING THE TREATMENT OF MY PET DURING ITS STAY

in the case I cannot be reached:

Please choose *one* of the following:

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: _____

Dogwood Requirements

Canine Guests must have current Rabies, DHPP, and Bordetella vaccines, annual heartworm test, and biannual fecal test or deworming.

Feline Guests must have current Rabies and FVCRP vaccines, and biannual fecal test or deworming.

If your pet is not up to date, vaccines and parasite requirements will be administered.

All guests will be screened for fleas and ticks prior to their stay and treated as necessary (at additional cost).

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

Patient History Form

<animal> <last-name>

<address>

<address2> <city> <st> <zip>

How has your pet been doing at home?

What medications is your pet currently taking?

What type of food does your pet eat? Is this dry food or canned? How much?

Is your pet an indoor only pet? Outdoor only? Does your pet go in and out?

Which flea and tick preventive do you administer and how often? =

Do you need a refill? =

Which heartworm medication is your pet taking and how often? =

Do you need a refill? =

Does your pet have any past medical history? (limping, diabetes or other - please explain)

What type of dental care do you provide to your pet at home? (CET Hextra Chews, rawhides, brushing, rinses, etc.)

Please circle yes or no to the following questions: If yes, please elaborate.

Has your pet been coughing in the past 7 days? **Y** **N**

Has your pet been sneezing in the past 7 days? **Y** **N**

Has your pet been vomiting in the past 7 days? **Y** **N**

Has your pet had diarrhea in the past 7 days? **Y** **N**

Are there any concerns you have with your pet that you would like us to address today? How long have they been occurring?

IT IS IMPORTANT THAT WE BE ABLE TO REACH YOU WHILE YOUR PET IS IN THE HOSPITAL.

PLEASE LIST, IN ORDER OF BEST CONTACT, WHERE WE CAN REACH YOU:

_____ CELL HOME WORK

_____ CELL HOME WORK

_____ CELL HOME WORK