

ROOM #

ROOM CHANGE DURING STAY

ABOVE & BEYOND PET HOSPITAL
PET RESORT CHECK IN

DATES:

CLIENT INFORMATION

NAME: <last-name>, <first-and-spouse>
ADDRESS: <address>
<city>, <st> <zip>
Phone NUMBER: <phone>
Cell NUMBER: <cell-phone>

PET INFORMATION

NAME: <animal>
Breed: <breed>
Sex: <sex-name>
Color: <color>
Age: <age-name>

Reminders Due:

<reminders>

Approval by Customer: _____

FEEDING INSTRUCTIONS:

Circle One: Personal / Clinic food

Amount: _____

Feeding times: _____

Treats okay to give: Yes No

In case of emergency: **CPR / DNR**

MEDICATIONS: (\$1.85/DOSE ADMINISTRATION)

1. MEDICATION: _____

AMOUNT GIVEN: _____

TIME ADMINISTERED: _____

2. MEDICATION: _____

AMOUNT GIVEN: _____

TIME ADMINISTERED: _____

3. MEDICATION: _____

AMOUNT GIVEN: _____

TIME ADMINISTERED: _____

SPECIAL INSTRUCTIONS:

Add-On Services:

Exit Bath \$12.00-\$40.00 Nail Trim \$12.10

Quick Brush Out - \$23.00

Frozen Yogurt \$3.42ea. - qty _____
dogs only

Pool Time \$16/15min - qty _____

Group Play: 1/day - \$8.00 qty _____

2/day - \$15.00 qty _____

One-on-One time: 1/day - \$11.00 qty _____

2/day - \$18.00 qty _____

Group Daycare: Full day 1/2 day

1-on-1 Daycare: Full day 1/2 day

All animals must be current on vaccinations and free of external parasites or they will be treated at the owner's expense. Charges are per night basis. **Pets are only released during resort hours. A \$50 late fee will apply if pets are picked up outside of regular resort hours.**

I hereby authorize the veterinarian to examine, prescribe for, or treat <animal> if a medical situation should arise, including if desired, anesthesia. I assume responsibility for all charges incurred in the care of <animal>. I also understand that these charges will be paid at the time of <animal>'s discharge and that a deposit may be required. In case of nonpayment, I understand that finance charges will be assessed and I am responsible for any fees required to collect payment. **I have read the foregoing, understand what it says, and agree.**

It is okay to post photos of <animal> on Above & Beyond Pet Care Hospital & Resort Website & Facebook pages

Yes No

Signature: _____ Date: _____

Emergency Phone # _____

Check-out Date: _____

Check-out Time: _____ a.m. p.m.

PERSONAL BELONGINGS:

