Lodging Admission Form Oak Hill Veterinary Care and Pet Resort

Pet's Name: _____ **Client's Name:**_____

Emergency Contact Name/Phone Number while lodging: _____

Day In: _____ **Day Out:** _____

Package (PER DAY – INCLUDES DAY ARRIVES AND DAY LEAVES UNLESS SPECIFIED:

YOUNG AND VIBRANT (22.95) ☐ _____ **ULTIMUTT (25.95)** ☐ _____

BARK WORTHY (12.95) ☐ _____ **OLD TIME WOOFER (25.95)** ☐ _____

TAIL-WAGG'N (19.95) ☐ _____ **CAT/ TLC (12.95)** ☐ _____

A La Carte:

EXTRA POTTY BREAK (6.95) ☐ _____ **EXTRA PLAYTIME (30MIN- 17.95)** ☐ _____

CUDDLE TIME (15 MIN-10) ☐ _____ **EXTRA PLAYTIME (15MIN- 9.50)** ☐ _____

SPECIALTY TREAT (4) ☐ _____ **MOBILITY/ STRETCH BREAK (15.95)** ☐ _____

FROZEN KONG (5.50) ☐ _____

Bath

YES: **BASIC** ☐ **STANDARD** ☐ **NO:** ☐

Pet's Weight (for staff to complete) _____

Diet (Select One): ☐ Owner provided food: Type:_____ Amount: _____Once daily { } or Twice daily { }

☐ Hospital Provided food fed by weight Once daily { } or Twice daily { } **Additional charge of $2.50/day if food provided**

Any food allergies: No { } or Yes { }: List _____

Special Feeding Instructions: _____

There will be an additional charge of $6.50/day for the administration of ANYTHING BESIDES FOOD

MEDICATIONS, SUPPLEMENTS, CALMING TREATS: MUST be in original prescription bottle OR container. Please List names and instructions below:

Administration of:	Dose	How many times a day	Have you already given a dose today?	Other information:

Personal Items: We ask that you minimize personal items left with your pet while lodging. Bedding will be provided. Oak Hill is not responsible for any items brought that may become lost or damaged. We ask you take home leashes and collars while your pet is lodging.

List any items brought: _____

Ancillary Services while lodging (These have to be prearranged and scheduled):
Please indicate any additional Veterinary Services you have **scheduled** for your pet to receive while your pet is lodging: (Vaccinations, Surgery, Dental, Blood Work, Ear cleaning, Nail Trim, Anal Gland Expression):

_____

_____

I understand that animals in group settings, such as lodging, grooming and group play are exposed to common illness, similar to that of humans. I agree to assume the risks and hazards that may be expected to arise from lodging around other animals. In order to protect our patients from infectious disease, we require that all animals entering the hospital show proof of current vaccinations through a licensed veterinarian for the following diseases:

Feline: FVRCP, Rabies **Canine:** DAPP, Bordetella, Rabies, Negative Fecal, Influenza recommended

I UNDERSTAND MY PET WILL BE VACCINATED AS REQUIRED IF NOT PROVEN CURRENT, will be treated for fleas if seen and be dewormed if fecal is positive for parasites.

I hereby authorize Oak Hill Veterinary Care and Pet Resort to lodge my pet during the dates listed above. As the owner/ agent of said pet, I realize that I am responsible for the lodging and any other associated costs and that these fees are to be paid in full at the time the pet is discharged. I understand that I need to notify Oak Hill if there is to be any change of plans in pet's scheduled release date.
I understand that I am in agreement with the above form and the lodging policies of Oak Hill Veterinary Care and Pet Resort.
Printed Name: _____

Signature: _____ Date: _____

Checked In By: _____ (for Oak Hill Lodging Staff Only)

THIS TO BE COMPLETED BY OAK HILL STAFF ONLY

To be completed/initialed by Reception staff:

_____Marked pet arrived and noted Kennel Staff name in boarding comments of who checked pet in
_____All required paperwork completed
_____Cage Card printed and given to Kennel Staff upon arrival
_____Forms Scanned

To be completed/initialed by Kennel staff:

_____Reviewed Lodging Admission form with client
_____Additional verbal information from owner noted on admission form
_____Weighed pet and noted on front of the admission form
_____Medications noted on whiteboard - then checked in and given to LVT/Vet Assistant
_____Document

To be completed/initialed by LVT or Vet Assistant:

_____Weight updated in pet's chart _____SOC updated
_____Reviewed records and made sure all required vaccines are up to date

CANINE		FELINE	
DAPP/DHLPP		FVRCP	
BORDETELLA		RABIES	
RABIES			
NEGATIVE FECAL			

_____Vaccines to be done while boarding noted on white board in treatment area/added to tech schedule
_____Reviewed medications and placed in proper location in treatment area/filled out medication log
_____Admission form given back to Lodging Staff