

Welcome To
Dogwood Animal Hospital
& Pet Resort

Your pet will be vacationing with us at our Pet Resort while you are away! We would like to assure you that we will do our best to make your pet's stay with us a fun and happy experience.

____ All items brought from home must be individually labeled with pets name on it by the owner.

____ Dogwood Animal Hospital and pet resort is not responsible for lost or damaged items.

For the health and safety of your pet and the other pets vacationing here, we require your pet to be up to date on the following vaccinations:

____ Dogs: Rabies, Distemper, Hepatitis, Leptospirosis, Parvo, Corona and Bordetella

____ Cats: Rabies, Distemper, Upper Respiratory Viruses and Bordetella

____ A capstar will be given to all animals boarding at a charge of \$5.00.

Our Resort services include the following:

- Indoor climate-controlled resort area
- Hand walks four times a day
- Fed daily with gourmet dog food (or your own food from home)
- Treats given twice on a daily basis
- Specific climate controlled boarding resort area for cats
- Check-up by the veterinarian daily

We also offer the following additional services for your pet during their stay. Please check below if you would like to have any additional services administered:

- () Individual one-on-one play time per day -- \$6.00 per day
- () If medications need to be given -- \$1.00 per day –per medicine/treatment
- () I would like my pet to have a bath before leaving -- \$20.00

CHECK-OUT TIME IS 12:00 P.M. THERE WIL BE AN ADDITIONAL \$7.50 CHARGE FOR ALL ANIMALS PICKED UP AFTER 12:00 NOON!

Should any medical problems arise, I consent to and authorize such treatments as are necessary and desirable in the veterinarian's judgement.

I have read and understand this authorization and consent.

Signature of Owner _____ Date _____

I would like to pick my pet up on _____

Before 12:00 P.M. () After 12:00 P.M. ()

I may be reached at _____

Local Emergency Number _____

<u>For Clinic Use Only</u>	
____ Dog ____ Cat	
Name	_____
Breed	_____
Vaccinations (Date Given):	
Bordatella	___/___/___
Distemper	___/___/___
Rabies	___/___/___
FVRCP	___/___/___
Clinic	_____
Vaccines Needed	Current
Employee	_____