Overnight Guest Registration

BIN # _____

Complete Pet Care ANIMAL HOSPITAL
Healing Pets Caring Hearts
Falls Pointe

Your Name (Print First and Last) : _____
Pet's Name : _____
Breed : _____
Color : _____
Date Drop-off : _____ Date Pick-up : _____ Time : _____ AM / PM (Circle one)
Emergency Contact Name : _____ Phone : _____
Persons authorized to pick-up your pet on your behalf : _____
_____
Belongings Brought Today : _____
_____

Own Food? YES NO
Instructions :
_____
_____
Location : Run/Suite Crate S M L

Medications :	Last Dosage Given :	Dosage :

Additional Services : We have a modern Hydrosurge bath/spa, and would be happy to bathe your pet so that they may go home clean and fresh. Please initial if you would like us to provide your pet with any of the following services:

Service	Quantity	Initial	Service	Initial
DOGGIE DAY CARE (M) (T) (W) (T) (F) (S) (Sn)			**BATH**	
15 Minutes Individual Play Time (M) (T) (W) (T) (F) (S) (Sn)			**GROOM**	

PLEASE READ AND SIGN OUR STANDARD OF CARE POLICIES!
(Code : BAR=Bright alert responsive, QAR=Quiet at Rest, De=Depressed, S=Solid, L=Loose)

DATE		Attitude	Ate	Drank	Urine	Defecate	Meds Given	Initial	DayC	IPlay	Bath/Groom
	AM										
	PM										
	TW										
	AM										
	PM										
	TW										
	AM										
	PM										
	TW										
	AM										
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	AM										
	PM										
	TW										

Guest Registration Agreement

Falls Pointe

Your signature on this form indicates your understanding and agreement to the following policies which constitute our **Standard of Care :**

Doctor Hours		Customer Care Hours	
Mon-Fri	7:30 a.m. - 5:30 p.m.	Mon-Fri	7:30 a.m. - 7:30 p.m.
Sat	8:00 a.m. - 12:00 p.m.	Sat	8:00 a.m. - 5:30 p.m.
		Sun	1:00 p.m. - 5:30 p.m.

Holiday Hours Vary : Please ask our staff about our holiday hours

Belongings :

I understand the staff will do their best to ensure the safe return of all items brought in at time of boarding, but will not be held responsible if they are damaged, misplaced, or lost. We ask you to please limit to two items. Dog and cat beds are appropriate to bring with your pet but can easily be soiled. We provide blankets and towels.

Vaccine/parasite policy :

I understand that in order for my pet to board and for the safety of our staff, he/she must be current on rabies, distemper (and kennel cough - dogs only) annual fecal examination and free form external parasites. (If my pet is not current, or current records are unavailable, I understand that they will be examined and the appropriate vaccines and parasite treatment will be given while boarding.) The examination, vaccines, and/or parasite treatment will be in addition to all other charges.

Exercise Policy :

I understand that all dogs are walked 2-3 times every day and I release Complete Pet Care Animal Hospital from any liability.

Authorization :

In case of emergency, I authorize Complete Pet Care Animal Hospital to perform necessary procedures on my pet. (Initial One)

_____ **YES** _____ **NO**

- **If "YES" we will contact you immediately to update you with your pet's health status.**
- **If "NO" we will contact you prior to treating your pet. I understand by choosing "NO" that I may be compromising the health of my pet.**

I understand the Standard of Care policies at Complete Pet Care Animal Hospital and agree to the above statements.

Print Name : _____

Signature : _____ Date : _____