

Client please fill out top portion: (If section is not applicable to your pet, please write "N/A" in the blank)

082011

Pet Name _____ Client Name: Last _____, First _____

Client Phone (H) _____ (C) _____ (W) _____ Email _____

Pet Description: Breed _____ Color _____ Sex (Male, Female, Spayed, Neutered)

Items Brought: Creekside provides bedding to all pets during stay free of charge. Please bring only small blankets or other items to remind pet of home. Label items with permanent marker and describe items brought. No guarantee can be made against loss or damage to items left with pet during boarding stay: _____

Arrival Date: _____ **Departure Date:** _____ **Boarding Package:** _____
 3-Star Pet Lodge 4-Star Pet Lodge Hospital Board
 3-Star Barkstone Suite 4-Star Barkstone Suite

Feeding: Own Food (describe/name _____) **OR** Creekside Food (Hill's Science Diet Sensitive Stomach Dry)

Feeding amount & schedule: _____ (record treats to be given on lines below)

Meds or treats to be given during stay-please ensure that all items are labeled with name and dosing instructions which match the instructions written below. If items are given only once daily, please indicate AM or PM dosing.

Med or Treat: Capstar Flea Free Boarding Treatment \$2.92 Dosing Instructions: 1 tablet by mouth day of arrival into boarding

Med: _____ Dosing Instructions: _____

Med: _____ Dosing Instructions: _____

Med: _____ Dosing Instructions: _____

List any specific handling instructions or precautions to be taken with your pet during their stay here: _____

ANIMAL CARETAKER ALERT:

Additional Services (Grooming, Doggie Daycare, Medical): _____

Name of person picking up this pet on departure date other than client(s) named on this account _____

Phone Number where you can be reached during your pet's boarding stay _____

Alternate Emergency Contact Name & Number(s) _____

In case of unexpected illness/injury during the boarding stay, authorization is granted for the doctors and staff of CPCC to treat, prescribe for, or operate upon the pet while they are being boarded at Creekside. The staff will use all reasonable precautions against communicable illness, injury, or escape of each pet but will not be held liable or responsible during or after the boarding time frame, as it is thoroughly understood that the client assume all risks and financial responsibility for any treatments deemed necessary by CPCC doctors. Every attempt will be made to contact the client first however if the client cannot be reached please designate option A or option B below:

___A) In the case of a minor illness/ injury authorization is granted to CPCC to treat the pet as needed. Do any and all diagnostic tests, treatments, and surgeries necessary. Client accepts full financial responsibility for all charges related to the treatment of my pet.

___B) In the case of a minor illness/injury authorization is granted to CPCC to treat the pet as needed not to exceed \$ _____

In the event of a life threatening condition, the pet will receive full treatment whether the owner is reached or not and regardless of the treatment costs. If such a case arises the client accepts full financially responsibility.

Sign: I verify all the above information for my pet's stay. _____

Staff Use Only: Pet Admitted by _____ Client address/phone/email verified _____ Boarding Bag / Tag Prepared _____
 Board Release _____ Ind. Housing Wavier _____ Diabetic Check In Form _____ If no bag, items labeled/listed above _____
 Medical Treatment: Scheduled _____ Med Care Plan / Tx Release Signed _____
 Grooming: Declined ___ Bath Date _____ Groom Date _____ Groom Release _____ Groomer Check In? _____
 Doggie Daycare Dates _____ DDC Forms _____ Need DDC Intro scheduled? _____
 Did client put Boarding Deposit down prior to stay? If so, refund at check in so account credit is reflected prior to checkout _____