FELINE Lodging Instructions

Pet's Name: _____

Advanced Animal Care OF COLORADO | **DOG TALES** ACTIVITY CENTER

1) *Please confirm your Date & Time of PICKUP:* _____ @ _____
   NOTICE: If you arrive outside the hours of 7 AM – 5 PM Monday-Friday, 8 AM – 4 PM on Saturday, or 7:30 – 8:30 AM & 1-2 PM on Sundays/Holidays, then you may be subject to additional fees including but not limited to: a $16.35 early/late drop off fee and/or an additional night of lodging late pick up fee.

2) *Questionnaire:*
   - *Who is your primary vet clinic?:* _____
   - *Does your pet have any allergies?:* _____
   - *Is your pet friendly or fractious?:* _____
   - *Is your pet allowed bedding & toys?:* _____
   - *Any HOSPITAL/GROOMING appointments during stay?:* _____
   - *Any special instructions/notes?:* _____

3) *Feeding Instructions:*
   - *What brand of food does your pet eat?:* _____ HOUSE DRY
   - *How often are we feeding your pet?:* (Circle one)

   1x/Day (SID)   2x/Day (BID)   3x/Day (TID)   Free Feed

   - *Do they need to be fed today & How much are we feeding your pet?:*   Y   N

AM:_____ MID:_____ PM:_____

Special Instructions/Treats: _____

   - *Can we feed your pet our HOUSE DRY FOOD if they run out of theirs?:*   Y   N
     NOTICE: our house food costs $5.45/day
   - *Can we feed your pet our HOUSE WET FOOD if they have a low appetite?:*   Y   N

4) *Medical Instructions:* *NOTICE: ALL Medications/supplements must be in their original container, per Colorado State Law! We cannot give any substances that have been pre-mixed with food servings. Medical treatments cost $6.50/day.*

   Please list Any Medications/Supplements here:

Medication/Treatment ($6.50/day)	Dosage	Frequency	AM or PM	Special Instructions

5) *Add On Options:*
- *SPAT's (Special Attention Time)* – ($10/20 minute session) Restrictions apply. Your pet must be friendly enough to handle! Date of arrival and of departure are the only times we cannot guarantee a SPAT! **(Circle One):**

<div align="center">NO   1x (Once daily)   2x (Twice daily)</div>

If alternating days between SPAT's, please list the daily schedule below:

M:_____ T:_____ W:_____TH:_____ F:_____ SA:_____ SUN:_____

In the event of an emergency, would you like staff to perform CPR? ($500/per 15 minutes + $275 every additional 15 minutes) *NOTICE: If you choose NO here, please be advised that means your pet will be put under a Do Not Resuscitate order if there is a life-threatening emergency.

PLEASE INITIAL ONE:

<div align="center">YES_____   NO_____</div>

In the event of an emergency, will you allow AACC to treat your pet and provide medical care if necessary?
*NOTICE: Fees incurred are dependent upon certain factors like the pet's condition, treatment plan, care provided, etc.

PLEASE INITIAL ONE:

<div align="center">YES_____   NO_____</div>

<div align="center">Please provide **ONE** or **TWO EMERGENCY CONTACTS** in which we can reach you if necessary:</div>

Name/Number:_____ Name/Number:_____

In consideration of Advanced Animal Care of Colorado allowing me to participate in its ancillary services including: daycare, grooming, lodging, splash, and/or training (if available), I waive all claims for damages, injury, or loss to me and/or my pet(s) related or unrelated to other pets in this facility. I also waive any claims against AACC's employees. By leaving my pet in the care of AACC I agree to all terms and conditions outlined in current DOGTALES Activity Consent.

_____   X _____   _____

PRINT NAME HERE   SIGN HERE   DATE HERE