

REPEAT GUEST RESERVATION FORM

Drop Off Date:

Pick Up Date:

Owner's Name:

Phone Number:

Emergency Contact:

Phone Number:

PET INFORMATION

Pet's Name: _____ Canine Feline

FEEDING INSTRUCTIONS

Brand of food: _____

Dry Wet BOTH Special diet (homemade, prescription)

FREQUENCY: ONCE TWICE **AM or PM**

If your pet is not eating, may we entice them with wet food? Yes No (a cost of \$5.00 will be applied and you will get to keep the can of prescription diet wet food)

If your pet has diarrhea, may we administer Fortiflora to treat the diarrhea? (a cost of \$1.50 will be applied per) Yes No

MEDICAL INFORMATION

Is your pet currently taking medications that we will need to administer while he/she is in our care? List them below. (Medication administration fee is \$9.50)

- 1.
- 2.
- 3.
- 4.

Heartworm Prevention Brand: _____ Last Dose Given:

Flea/Tick Prevention Brand: _____ Last Dose Given:

SERVICES REQUESTED

All services are at the owner's expense. Certain vaccines are required to board at the facility. You must provide proof of vaccines, or we will need to administer the vaccine and will incur the vaccine fee.

- Bath (K9 only) Nail Trim (complimentary with bath) Anal Gland Expression
 Ear Cleaning Other _____

MEDICAL ILLNESS POLICY

If you, or your emergency contact cannot be reached please indicate below which option you would like us to follow through with on your pet.

- Perform the recommended treatment plan no matter the cost for my pet/CPR for my pet.
 Only perform services in the amount of _____ for my pet.
 DO NOT perform any services for my pet/do not resuscitate. *(Please note by checking this box you acknowledge the outcome of your pet's health could be fatal).*

I have PREVIOUSLY read and fully understand all conditions, information, and parameters around the boarding program at Vista Lakes. I have filled this form out to the best of my ability and understand that any information withheld could impact the health and wellness of my pet. I understand that the boarding conditions are not included in this registration waiver and am waiving the right to have them included in this document.

Signature: _____ Date: _____