

Pet Lodge Admit Information

Owner(s) Names: _____

Pet(s) Names: _____

Drop Off Date: _____ Pick Up Date: _____

Expected pick up time **(after 10am another day charge is incurred)**: _____

Where will owner(s) be located during pet's stay: _____

All possible phone number(s): _____

Email address: _____

Authorized Emergency contact(s): _____

Authorized Emergency contact(s) number(s): _____

Authorized individuals to make medical decisions or pick up patient(s): _____

Remainder of form to be completed by Stay! team member with client. Team member: _____

Personal Belongings: _____							
List all medications and feeding instructions:							
Pet:				Pet:			
Item	AM	PM	Special Notes	Item	AM	PM	Special Notes
Review and approve lodge contract (initial): _____ Review and approve interview doc (initial): _____							
Special Notes or medical services requested: _____							
If pet is on meds, have they had their meds today? Y N *If YES, what time?							
Has your pet eaten today already? Y N							
Private exercise(canine): Y N _____ days at \$_____ per day = \$_____							
Bath: Y N Administer medication(s) (per pet) _____ days at \$_____ per day= \$_____							
Additional Services (vaccines, bath, nail trim, exams, etc.) = \$_____							
Capstar on Arrival: \$5.00 Room Rate per Day: \$_____							
Total Boarding Charges: \$_____							
<i>*Does not include late fees or services not listed on this form*</i>							

Owner Signature

Date

By signing this form, client is aware there is no overnight staff on premise and authorizes patient picture can be used for social media.