

|                |
|----------------|
| Drop Off Date: |
| Pick Up Date:  |

# GUEST RESERVATION FORM

Owner's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_

EMERGENCY CONTACT PHONE NUMBER: \_\_\_\_\_

## PET INFORMATION

Pet's Name: \_\_\_\_\_

Canine       Feline      Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Sex: \_\_\_\_\_

Weight: \_\_\_\_\_ Pet Age: \_\_\_\_\_ Microchip Number: \_\_\_\_\_

Is your pet spayed or neutered?  yes  no (if no an estimate for surgery will be provided)

If your pet has records at another veterinary hospital, may we request a transfer of these records?

Yes  No *If no, there will be a charge for required vaccines (rabies, bordetella, distemper, canine influenza, FVRCP)*

Name of Hospital: \_\_\_\_\_ Hospital Phone Number: \_\_\_\_\_

We love to share photos of our patients; may we post photos of your pet on social media?

Yes  No

We would love to send you pictures/video of your pets while they're with us. Can we text/email you?

Yes  No

*Check any behaviors below that your pet exhibits:*

- Separation Anxiety       Escape Artist       Eats non-food items (blankets, toys, etc)  
 Jumps Fences       Barrier Reactive       Difficult to put in and take out of the carrier

Displays anxious behavior of biting/hissing/scratching toward:  Strangers       Other Animals

*Check any of the following that your pet does not do well with:*

- Dogs       Cats       Veterinarians/technicians  
 Women       Men       Storms

GUEST RESERVATION SHEET

Loud Noises       Separation Anxiety       Being Outside

**FEEDING INSTRUCTIONS**

Brand of food: \_\_\_\_\_

Dry       Wet       BOTH       Special diet (homemade, prescription)

FREQUENCY:    ONCE   **AM or PM**    TWICE      **AMOUNT** \_\_\_\_\_

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

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

Does your pet have any food allergies?

**MEDICAL INFORMATION**

Is your pet currently taking medications that we will need to administer while he/she is in our care (medication administration fee is \$9.50 per day)?    Yes       No

*Please make sure you keep all medications in the original container the medication was dispensed in and it is properly labeled.*

LIST OF MEDICATIONS WITH DOSAGE

- 1.
- 2.
- 3.
- 4.
- 5.

Heartworm Prevention Brand: \_\_\_\_\_ Last Dose Given:

Flea/Tick Prevention Brand: \_\_\_\_\_ Last Dose Given:

Has your pet experienced any of the following symptoms in the last 7 days?

Coughing       Sneezing       Vomiting       Diarrhea

Has your pet been performing the following activities normally?

Eating  Yes  No      Drinking  Yes  No      Urinating  Yes  No      Defecating  Yes  No

Acting Normal  Yes  No      Interested in Treats  Yes  No

## GUEST RESERVATION SHEET

List any medical concerns we should be aware of. Write n/a if none.

### 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.

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Bath (K9 only)    | <input type="checkbox"/> Nail Trim (complimentary with bath)     | <input type="checkbox"/> Anal Gland Expression |   |
| <input type="checkbox"/> Ear Cleaning      | <input type="checkbox"/> Feline triple test (FIV/FELV/Heartworm) | <input type="checkbox"/> Fecal Test            |   |
| <input type="checkbox"/> Heartworm Test    | <input type="checkbox"/> Bordetella                              | <input type="checkbox"/> Rabies                | <input type="checkbox"/> Canine Influenza |
| <input type="checkbox"/> Distemper/Parvo ( | <input type="checkbox"/> Leptospirosis                           | <input type="checkbox"/> FVRCP                 | <input type="checkbox"/> Feline leukemia  |

OTHER SERVICES NOT LISTED

\*Does your pet have a history of vaccine reactions?

*If your pet is not current on prevention, would you be interested in purchasing prevention? Please note that flea prevention is REQUIRED for the safety of all pets in our care.*  Yes  No

### MEDICAL ILLNESS POLICY

One of the advantages of boarding your pet (s) at a veterinary hospital is that medical attention is readily available for your pet. If your pet becomes ill, we will attempt to call you as the owner regarding your pet's symptoms, treatment options, and an estimate of cost. 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.
- Only perform services/administer medications in the amount of \$\_\_\_\_\_ for my pet.
- DO NOT perform any services for my pet. *(Please note by checking this box you acknowledge the outcome of your pet's health could be fatal).*

I understand emergencies can occur at any given time. I want the following option when it comes to treating my pet for an emergency:

- \* I give consent to start necessary CPR (\$112) \_\_\_\_\_(initial)
- \* I do not give consent and am choosing "Do Not Resuscitate" \_\_\_\_\_ (initial)

### GENERAL BOARDING CONDITIONS

## GUEST RESERVATION SHEET

- ✘ In order to protect your pet, all guests will be examined at check in. External parasites (fleas) will be treated by administering a CapStar for the safety of your pet, and the other pets in our care. Medication dispensed will be charged to the owner.
- ✘ In the event of a flea or tick infestation the pet (s) will be treated with proper medication for the length of the stay, no exceptions. Flea and tick infestations are also subject to revocation of boarding privileges.
- ✘ All dog guests must be current on the following vaccinations: Rabies, Bordetella, Distemper/Parvo, and Canine influenza. If proof of vaccination is not provided vaccines must be administered and additional fees will be incurred.
- ✘ All cat guests must be current on the following vaccinations: Rabies, FVRCP. If proof of vaccination is not provided vaccines must be administered and additional fees will be incurred.
- ✘ All guests must provide proof of a fecal within the last 6 months. If proof is not provided a fecal test will be performed and additional fees will be charged.
- ✘ Any guest testing positive for parasites will be boarded in the isolation ward and an extra charge will be applied.
- ✘ Pets must be picked up on the scheduled pick update. If circumstances change, the hospital must be given 24-hour notice.
- ✘ For the safety of all pets visiting the hospital, no personal items such as blankets, pillows, clothes, beds, or plush toys will be accepted at the time of check-in. To ensure the hospital stays clear of infestation pets will be provided with in-house linens during their stay. \*Exceptions will be considered when clothes have been deemed medically necessary due to severe skin issues, surgery onesies (etc).

I have 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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_