

Location Type: LUXURY DELUXE CONDO FELINE SNBH

Check In: _____ Check Out: _____ Time: _____

Belongings: _____

Alerts: _____ Alert Weight: _____

Special Instructions: _____

Admitting CSR: _____ Admitting Resort Attendant: _____

Pre-existing conditions: _____ Food Sensitivities: _____

Currently on flea control? Yes No Pampered Pet Bath: Yes No Pawdicure: Yes No

Additional Services Needed:

☐ DA2P-Pv ☐ Bordetella ☐ Rabies ☐ Influenza ☐ FVRCP ☐ Fecal Testing ☐ None

List any other tech services, treatments, or lab work needed: _____

- ☐ Owner's phone number (reachable today): _____
- ☐ Should a life-threatening emergency arise; all necessary measures will be taken to address your pet's health. You will be contacted as soon as possible in regards to any emergency situations or treatments.

Name and phone number while your pet is boarding: _____

- ☐ In the event my pet needs non-emergency medical treatment, I authorize treatments up to \$ _____
- ☐ Emergency contact person and phone number. This person has authorization to act upon my behalf, up to and including euthanasia.

Name and phone number: _____

- ☐ I am giving permission for another person to pick up my pets.

Name of authorized person: _____

The signature below indicates the above information is accurate.

Signature: _____ Date: _____

(For Office Use Only)

EYES:	<input type="checkbox"/> NSF	<input type="checkbox"/> Discharge	<input type="checkbox"/> Stained	<input type="checkbox"/> Cloudy	<input type="checkbox"/> Red	Notes: _____ _____ _____ _____ _____
EARS:	<input type="checkbox"/> NSF	<input type="checkbox"/> Discharge	<input type="checkbox"/> Red/Inflamed			
NOSE:	<input type="checkbox"/> NSF	<input type="checkbox"/> Discharge	<input type="checkbox"/> Red/Inflamed			
ORAL:	<input type="checkbox"/> NSF	<input type="checkbox"/> Tartar	<input type="checkbox"/> Fx Teeth	<input type="checkbox"/> Red/Inflamed		
SKIN:	<input type="checkbox"/> NSF	<input type="checkbox"/> Itchy	<input type="checkbox"/> Hair loss	<input type="checkbox"/> Inflm/Sores	<input type="checkbox"/> Scaly	
COAT:	<input type="checkbox"/> NSF	<input type="checkbox"/> Dull/Dry	<input type="checkbox"/> Matted			
FLEAS:	<input type="checkbox"/> Yes		<input type="checkbox"/> No			
TECH FEED:	<input type="checkbox"/> Yes		<input type="checkbox"/> No			

Recommendations Made to Client:

Tech: _____ Verified by: _____