

STAY & PLAY PET RESORT: ADMISSION FORM

<i>Owner Name:</i> (Last)		First:	
Address:			
Cell	Home:	Other:	
Emergency Contact: Name		Phone	
Name person picking up pet:		Password:	
<i>Animal Name:</i>			
		Sex: M <input type="checkbox"/>	F <input type="checkbox"/>
		Intact: YES <input type="checkbox"/>	No <input type="checkbox"/>
Breed:	Color:	Age:	BWt (lb):
Date Arrival:	Date Home:		
Animal Pick-Up Location: SPPR <input type="checkbox"/>		BAC <input type="checkbox"/>	CVC <input type="checkbox"/>
		Time of Pick-up:	
<i>Medications</i>			
Name (1)	Dose (1)	Times: AM <input type="checkbox"/>	
		PM <input type="checkbox"/>	
		AM&PM <input type="checkbox"/>	
Name (2)	Dose (2)	Times: AM <input type="checkbox"/>	
		PM <input type="checkbox"/>	
		AM&PM <input type="checkbox"/>	
Medicine Storage: Refrigerate YES <input type="checkbox"/>			
NO <input type="checkbox"/>			
Room Temp. YES <input type="checkbox"/>		NO <input type="checkbox"/>	
All meds must be in original containers, and all labels legible. Any changes in dosing must be noted in writing (attach sheet).			
<i>Medical History</i> (To be completed if animal health records <i>not on file at Baker Animal Clinic</i>)			
List any pre-existing conditions:			
Allergies: NO <input type="checkbox"/>			
YES <input type="checkbox"/> (describe)			
Monthly Heartworm Drug:		Date Last Dose:	
Monthly Flea Product:		Date Last Dose:	
Your DVM:	Clinic:	Phone:	
Owner diet: YES <input type="checkbox"/>			
NO <input type="checkbox"/>			
Amount Fed:		Frequency:	
Owner treats: YES <input type="checkbox"/>		Frequency:	
NO <input type="checkbox"/>		Amount Fed:	
Owner Toys, Blankets or Other Items:			
<i>Animal Behaviour:</i> Is your pet unfriendly with other dogs YES <input type="checkbox"/>			
NO <input type="checkbox"/>			
and/or with humans YES <input type="checkbox"/>			
NO <input type="checkbox"/>			
Has your pet ever bitten any person or animal: YES <input type="checkbox"/>			
NO <input type="checkbox"/>			
Is your pet comfortable with someone taking/removing something from them: YES <input type="checkbox"/>			
NO <input type="checkbox"/>			
Is your pet afraid of thunder storms: YES <input type="checkbox"/>			
NO <input type="checkbox"/>			
Does your pet climb fences: YES <input type="checkbox"/>		NO <input type="checkbox"/>	
		Does your pet like to chew toys: YES <input type="checkbox"/>	
		NO <input type="checkbox"/>	
<i>Dog Habitat:</i> Beach Luxury <input type="checkbox"/>			
Timber Luxury <input type="checkbox"/>			
First Class Meadow <input type="checkbox"/>			
First Class Sunset <input type="checkbox"/>			
First Class Ocean <input type="checkbox"/>			
First Class Ocean Double <input type="checkbox"/>			
<i>Cat Habitat:</i> Super Deluxe <input type="checkbox"/>			
Deluxe <input type="checkbox"/>			
<i>Dog Fun & Health Packages:</i>			
Daily Play Time <input type="checkbox"/>			
Yappy Hour <input type="checkbox"/>			
Sports Package <input type="checkbox"/>			
Senior Package <input type="checkbox"/>			
Spa Package <input type="checkbox"/>			
Daytime Recovery Suite <input type="checkbox"/>			
Whenever a treatable medical problem is discovered in a boarding pet, SPPR will attempt to contact Owner or their emergency contact person before obtaining examination by and/or treatment from a veterinarian. SPPR will transport pet free of charge to veterinary clinic of choice listed by Owner if said clinic is within 15 miles of SPPR. Baker Animal Clinic will assume medical care of the pet if veterinary clinic selected by Owner is closed or unable to accept pet during regular business hours or emergency hours. All medical care performed on pet by Owner's selected veterinary clinic or by medical staff of Baker Animal Clinic shall be at Owner's expense.			
<i>Web Camera:</i> User Name		Password	
Owner Signature:		Date:	