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Healthy Pet Registration Form

Client's Name: _____ Pet's Name: _____

Phone number(s) to reach you today: _____ Expected time of pick-up: _____

Has this pet seen us before?: Yes No (if no, please fill out a Client Registration Form)

Reason for your pet's visit today?: Day Care Only
 Bath Medicated Bath Nail Trim Teeth Brushing Anal Glands Expressed
 Ear Cleaning/Plucking FURminator Brush out Group Play (Resort)

Does your pet have any known allergies, special medications, or health problems we should know about?

Yes No If yes, what?: _____

What kind of heartworm prevention are you currently giving your pet?: _____

Flea control?: _____

Would you like a doctor to examine your pet for any medical reason while here for the day (additional charges apply)?: _____

Terms of Boarding:

1. All pets must be current on all required vaccinations. For dogs, this includes distemper, adenovirus, parvovirus, kennel cough (bordetella), influenza, and rabies. For cats, this includes calicivirus, rhinotracheitis, panleukopenia, and rabies. If I cannot provide proof that my pet is current on all of these vaccinations, I authorize the doctor to administer the necessary vaccines at my expense.
2. All pets must have a negative intestinal parasite check within the past 6 months. If my pet does not have a current parasite check, I authorize one to be performed on day of check-in. If my pet is found to have parasites, (s)he will be treated at my expense.
3. If any external parasites are found on my pet at any point during their stay, I authorize the doctor to treat at my expense.
4. If the doctor is unable to reach me at the given numbers I authorize any treatment for my pet that the doctor considers necessary for his/her health and safety. I understand that I will be charged for all treatments performed.
5. If I am unable to pick up my pet on the expected check-out date I will inform the Hospital of the check-out date as soon as possible.
6. I will not hold the Hospital responsible for inadvertent loss or damage of personal items left with my pet.
7. By choosing to have your pets photographed for their record or image sent via email or text message, you agree to waive ownership of any photographic records taken by any staff member of The Animal Hospital and Pet Resort at Southwood and agree to allow the business the use of these images for and in business applications, social media, posters, websites, or other media, without limitation and agree not to make any claim of misappropriation of personality, breach of privacy, or other loss or damages against The Animal Hospital and Pet Resort at Southwood in respect thereof. I also understand that this business may provide these images for use by a third party with whom they choose to associate with for joint marketing purposes
8. Pick up time is by 5:30pm or additional night will be charged.

Payment is due when services are rendered.

For your convenience, we accept cash, check, American Express, MasterCard, Visa, Discover, and Care Credit.

Signature _____ Date _____