

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: _____

Emergency contact(s): _____

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: **\$6.00** Room Rate per Day: \$_____

Total Boarding Charges: \$_____

Does not include late fees or services not listed on this form

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.