

Pet Lodge Admit Information

Owner(s) Names _____

Pet(s) names: _____

Dates of Stay _____ to _____

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 Lathrop 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

Special Notes or medical services requested: _____

Review and approve lodge contract (initial): ____ Review and approve interview doc (initial): ____

Private exercise(canine): Y N _____ days at \$ _____ per day = \$ _____

Bath: Y N **Administer medication(s)** (per pet) _____ days at \$ _____ per day = \$ _____

Additional Medical Services (bath, nail trim, exams, etc.) = \$ _____

Wash Belongings (no charge): Y N **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.

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