



Grace Park Animal Hospital
Overnight Guest Registration



Please complete the following information.

Your Name (First and Last):	Pet's Name:
Email:	Age:
Address:	Breed:
Account (office use):	Color:

Boarding Information

Drop-off Date: _____	Pick-up Date: _____	Pick-up Time: _____ AM/PM
Persons authorized to pick-up pet on your behalf:		
Belongings Brought Today (please describe them):		

What number may we contact you at in case of an emergency?

Home:	Cell:	Work:	Other:
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Is your pet on any medication?

Yes

No

If yes, what kind?	Dosage:	Last Time Dosage Given:
1.		
2.		
3.		
4.		
5.		

Did you bring your own food?	<input type="checkbox"/> Yes, List type: _____	<input type="checkbox"/> No, ok to feed SD Maintenance
How much do you feed your pet per day?		Last Feeding (circle one): AM PM

Check and/or indicate number of any additional services requested (additional fees apply):

_____ Doggie Daycamp - \$10/day	_____ Bath w/ ear cleaning & nail trim - \$26
_____ 15 Min. I-Play Time - \$8/session	_____ Nail Trim - \$15.30
_____ Anal Gland Expression - \$28 or \$15.30 w/Bath	_____ Professional Grooming, prices vary

Your initials and signature on this form indicate your understanding and agreement to the following policies which constitute our **Standard of Care**:

_____ **Belongings:** I understand the staff will do their best to ensure the safe return of all items brought in at the time of boarding, but will not be held responsible if they are damaged, misplaced, or lost. Dog and cat beds are appropriate to bring with your pet but can easily be soiled. We provide blankets and towels.

_____ **Vaccine/parasite policy:** I understand my pet must be current on the following: rabies, distemper, kennel cough (dogs only) vaccines; annual fecal examination; and free from external parasites. If my pet is not current, or current records are unavailable, I understand that they will be examined and the appropriate vaccines, lab work, and parasite treatment will be given. The examination, lab work, vaccines, and/or parasite treatment will be in addition to all other charges.

_____ **Exercise Policy:** I understand that all dogs are walked outside 2-3 times every day and I release Grace Park Animal Hospital from any liability.

_____ **Authorization:** In case of an illness or emergency, I authorize Grace Park Animal Hospital to perform necessary procedures on my pet. We will attempt to contact you prior to treating your pet. If we are unable to reach you, your pet will be treated as deemed necessary by our veterinarians.

Thank you for entrusting us with your pet's care. We look forward to seeing you when you return!

Signature _____

Date _____