

## *The Lodge Guest Release Form*

Client Name: \_\_\_\_\_

Staff Initials: \_\_\_\_\_

Client Address: \_\_\_\_\_

Pet's Name: \_\_\_\_\_

\_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Arrival Date \_\_\_\_\_

Departure Date \_\_\_\_\_

Contact phone # \_\_\_\_\_

Primary contact person \_\_\_\_\_

Emergency Phone # \_\_\_\_\_

Emergency contact person \_\_\_\_\_

Contact email: \_\_\_\_\_

Should a medical issue arise, would you like to be called before treatment is given? YES \_\_\_\_\_ NO \_\_\_\_\_

\*We will make every attempt to contact you however treatment will be started immediately if we are unable to make contact and is deemed necessary by a veterinarian.

Does your pet have a special diet? \_\_\_\_\_

Is your pet on any medication? YES NO Medication(s): \_\_\_\_\_

Did you bring medication? YES NO Medication(s): \_\_\_\_\_ How much? \_\_\_\_\_

Directions and Times Medication is Given \_\_\_\_\_

Special instructions \_\_\_\_\_

I understand that all vaccinations for my pet must be current before boarding, including, for dogs, the Leptospirosis vaccine and Canine Influenza vaccine. All basic lab tests, such as a stool analysis and heartworm tests, must also be current. For the safety and well-being of all of our guests **WE CANNOT MAKE ANY EXCEPTIONS TO THIS POLICY**. I give permission to perform such tests and administer vaccines if needed, and understand that I will be charged accordingly. I'm aware that, in order to board, my pet must have been examined within the past six months by a West Hill's veterinarian. **WEST HILLS IS NOT RESPONSIBLE FOR PERSONAL ITEMS LEFT WITH YOUR PET!**

Please indicate whether you wish your pet to be fed in the evening on the day of departure. YES \_\_\_\_\_ NO \_\_\_\_\_

**BATH REQUESTED?** YES \_\_\_\_\_ NO \_\_\_\_\_ (a fee of \$40.00 will be charged for any requested bath)

\*Do we have permission to bathe if needed? YES \_\_\_\_\_ NO \_\_\_\_\_ \*Will you be picking up before 12 noon? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you need more ... ..Sentinel? \_\_\_\_\_ Advantix? \_\_\_\_\_ PARASTAR? \_\_\_\_\_ Revolution? \_\_\_\_\_

Please call the hospital ahead of time if you will arrive after regular hours. We also appreciate notification if your pets stay will be extended beyond the date indicated.

**PLEASE BE ADVISED PATIENTS/OR GUESTS WHO ARE NOT PICKED UP BY 10:00PM WILL INCUR AN ADDITIONAL NIGHTS FEE.**

Signature of Owner or Authorized Agent: \_\_\_\_\_ Date: \_\_\_\_\_