

Up Front 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? _____

***IF OWN MEDICATION IS BROUGHT PLEASE FILL OUT PAGE 2**

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 moreSentinel? _____ 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: _____

Patient Medication Information Sheet

1. What medication is your pet currently _____

2. When was the last time your pet received this medication? _____

3. How often do you give this medication a day? What are the exact times you give the medication?

4. Have you changed the dose of the medication since the last time it was dispensed to you? Is the dose on the bottle the same as what you are currently giving? _____

Owners Initials _____

Technicians Initials _____