

Alexandria Veterinary Clinic PetCare Center
(320) 762-8112

Client Name: _____

Pet's Name: _____

Admission Date: _____ am/pm Discharge Date: _____ am/pm

For the health and safety of your pet and others, all vaccinations must be current or updated upon entry.
When checking in or out after hours I agree to pay the \$20.00 after hours fee _____

Vaccinations: **Current** **Needed**
Dogs: DHP2 _____ Rabies _____ Bordetella _____ Fecal _____ HW Test _____
Cats: CVR _____ Rabies _____ Fecal _____

Current Flea/Tick Prevention: Yes _____ No _____ Please indicate type used: Oral _____ Topical _____

Special Conditions:

Pet's Special Diet Requirements _____

Medical Conditions _____

Medications given and dosage _____

With medications administered a \$4.00 per day charge will be added.*

*Medications are given in a low fat chicken treat called Lean Treats.

Four Paws Lodge is not held liable if owner chooses to bring in beds/blankets/toys and pet ingests them.

I understand that if I bring my pet in with external parasites (fleas/ticks) that the Alexandria PetCare center will treat my pet, as they deem necessary to prevent spread to other animals. I understand that I will be responsible for this service. Due to the possible environmental exposure to external parasites (flea/ticks) Four Paws lodge will not be liable for treatment.

_____ In the event my pet becomes ill or any medical problems arise I DO want my pet to receive treatment.

-or-

_____ I DO NOT want my pet to receive treatment.

-or-

_____ I want to be called prior to any treatment.

Personal Play Time: \$5.00/time _____ Yes _____ No

Nail Clip: _____ Yes _____ No Nail Grind: _____ Yes _____ No

Multiple Pets Lodging Together: In the event there is multiple pets in the same suite or kennel, and they become aggressive with each other, you give us the authority to separate and put them in individual kennels or suites, whichever is available, and you are responsible for extra fees for medical needs and boarding. _____

Signature: _____ Date: _____

Emergency Phone # _____

Current Daily Rates: All suites or kennels are charged by the half day reservation, with the exception of Sunday, charged as a full day. Rainbow: \$20.00/day Tigger, Sunshine, The Summit and Fisherman's Suite: \$22.00/day. Meadows, Ocean View and Remington Suite: \$23.00/day

Dogs: Large - \$14.75/day Small/Medium - \$12.65/day Cats: \$12.65/day

Only required for Boarding Suites:

I certify that I am responsible for any damage done by my dog(s) or cat(s) to the boarding suite's facility or equipment. I understand that I will be liable for the replacement costs, which will be decided at the time of incident. Initial: _____