

Extended Care Check-In Sheet

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

Check in date: \_\_\_\_\_ Check out date: \_\_\_\_\_ AM \_\_\_\_\_ PM

The following information is required during your pet(s) stay. Please leave a number where you can be reached:

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

In cases of Emergency: \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Veterinary services needed during pet's stay: \_\_\_\_\_

Medication(s) to be given: \_\_\_\_\_ Medication(s) provided? \_\_\_\_\_ Start Date: \_\_\_\_\_ Medication(s) to be filled: \_\_\_\_\_

\_\_\_\_\_

Dietary Needs (including vitamin supplements): \_\_\_\_\_

Item(s) left for pet: \_\_\_\_\_

Please note we provide clean bedding, fresh food and water and bed-time treats on a daily basis. We are not responsible for lost or damaged items during your pet's stay. Clients are encouraged to keep pet items to a minimum. Initial(s): \_\_\_\_\_

Would you like to schedule an appointment for your pet(s) with K-9 clips before going home? Please circle and initial choice. Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please indicate date & time of pick-up: \_\_\_\_\_

**ALL ANIMALS ENTERING THE HOSPITAL MUST BE CURRENT ON VACCINATIONS AND FREE OF EXTERNAL PARASITES OR THEY WILL BE TREATED AT THE OWNER'S EXPENSE.**

Initial(s): \_\_\_\_\_  
I, \_\_\_\_\_ (print name) authorize the veterinarians on duty to treat my pet accordingly if they deem it necessary should an emergency situation arise and/or if my pet displays symptoms of distress, vomiting, diarrhea, coughing, sneezing and/or anorexia during their stay. I understand all fees are charged on a per night basis for Extended Care and any additional services required during my pet's stay will be charged at my expense. Pets will only be released to authorized agents during normal business hours. I agree to pick up my pet within 5 days of the check out date or my pet will be considered abandoned if I do not. In my failure to recover my pet or notify the hospital of any changes to my pick up date, you are automatically authorized to dispose of my pet as deemed professionally necessary. A current fee schedule for services associated with Extended Care is available upon request.

Owner's or authorized agent's  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Hospital representative: \_\_\_\_\_ Date: \_\_\_\_\_