

# Bed & Breakfast

## Feline/Exotics Check-In Sheet

Owner: \_\_\_\_\_

Pet(s): \_\_\_\_\_

Drop-off Date: \_\_\_\_\_

Pick-up Date: \_\_\_\_\_

**Pick up/Drop off**

Drop-off Time: \_\_\_\_\_

Pick-up Time: \_\_\_\_\_

**Hours:** Holiday hours may vary

**Mon-Fri 9am –4:30pm**

**Sat 9am-2pm or 6pm-7pm**

**Sun 6-7pm**

Feeding Instructions for your pet:

Brand of food: (Dry) \_\_\_\_\_

(Canned/Raw) \_\_\_\_\_

Feeding Instructions: **Please Identify Amounts**

AM \_\_\_\_\_ Cups PM \_\_\_\_\_ Cups When did your pet last eat? \_\_\_\_\_

Additional feeding instructions: \_\_\_\_\_

*(example: Mix wet food with a 1/4 cup dry in PM)*

Any known allergies or sensitivities? Yes  No  If yes, please describe: \_\_\_\_\_

Is your pet on any medications or supplements? Yes  No  *(Fill out Med/supplement form)*

Any specific instructions related to handling your pet?

\_\_\_\_\_

*(i.e. potty or feeding habits, anything else we should know, etc.)*

*All necessary housing and accessories must be provided by the owner for their exotic/small animal/reptile to board (excluding cats). Cages must meet size restrictions.*

Please list all articles you brought for your pet (toys, towels, carrier, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Boarding Extra Options

<input type="checkbox"/> 15 minute play session _____ <i>(specify quantity during pet's stay)</i>	\$15 each
<input type="checkbox"/> Medication	\$5 per day
<input type="checkbox"/> Send me a photo update	\$5 for 2 photos

In the event that a medical issue arises while my pet is in the care of Paws to Play Dog Daycare & Boarding, I authorize the Doctors and staff at Pet Medical Center to:

**(Please select one)**

- Perform whatever treatment the Doctor deems necessary up to \$\_\_\_\_\_. Do not call first for authorization. I understand that I will be responsible for the full total of the invoice when I pick up my pet.
- My Pet has a Prevent Plan through Pet Medical Center of Pasco.
- Contact me first with an estimated cost, if I am not able to be reached by phone please contact my emergency contact list below, they have my permission to authorize or decline treatment.\*\*

\*\*If owner or emergency contact is not able to be reached within a reasonable amount of time, the Pet Medical Center staff will provide minimal treatment to care for your pet in order to keep that pet as comfortable and healthy as possible.\*\*

Owner Phone Number (where you can be reached): \_\_\_\_\_

Email Address (if you would like to be contacted that way) \_\_\_\_\_

\*This is required if you choose a photo or video update. If you do not provide us with an email address, we can't do the update

Two Emergency Contacts (someone other than you):

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

I confirm that my pet's vaccinations are current and my pet has received an exam with a licensed veterinarian in the past year. I understand that these health requirements are required in order to board my pet at Paws to Play. I also agree that if my pet has a chronic ongoing (current or previous) medical concern that requires medication/treatment, then my pets' treatment will be managed by PMCP doctors in order to ensure the safety and comfort of my pet. Furthermore, I understand that if I fail to pick up my pet within five days from the agreed upon pick up date then the animal is considered abandoned unless other arrangements have been made. At such time, I relinquish all claims to my animal and Pet Medical Center will assume ownership and all rights there unto afforded. I understand that this does not relieve me of the responsibility of payment of accumulated hospital and boarding charges. ***If the pet is released after hours there will be a \$50.00 charge.***

\_\_\_\_\_  
Signature of Owner or Agent

\_\_\_\_\_  
Date