Owner’s Name ___________________________ Pet’s Name ___________________________

1. In the last 48 hours has your pet shown any of the following symptoms?

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change in appetite?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coughing/Sneezing?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vomiting?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Change in activity level?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Change in water intake?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diarrhea?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Itching/Scratching?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Change in urine output?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Runny Nose?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Runny Eyes?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Does your dog bite / act aggressive to other dogs?  Yes  No

3. Does your dog bite / act aggressive to people?  Yes  No

4. Please describe any physical problems your pet has: ____________________________________________

5. Is your pet currently taking any medications?  Yes  No  If yes, what? ____________________________

<table>
<thead>
<tr>
<th>How often?</th>
<th>____________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>What condition was the medication prescribed for?  ____________________________</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>When was the medication(s) last given?</th>
<th>____________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>How many days’ medication did you bring today?</td>
<td>____________________________</td>
</tr>
</tbody>
</table>

6. Authorization for visitation?  Yes  No  (All visitations inside our facility and only with the individual(s) written here as “Visitor”)  Visitor ____________________________

7. Authorization for release at check-out to individual other than owner?  Yes  No  Pet may be released at check-out to individual written here: Release to ____________________________

8. Check-Out Date ____________ Time of Day ____________

Any pet needing special monitoring, testing, and/or administration of a medication other than a food supplement or vitamins will be placed as a medical boarder.  Additional Fee:  $9.00 per day

If your pet becomes ill while boarding, do you prefer that we provide the appropriate medical care first and then notify you, or that we call your emergency number first for authorization before providing medical care?  CIRCLE ONE:  Provide Medical Care First  Call First

Please note: Emergencies will always be treated first!

Emergency phone number where you can be reached anytime: ____________________________

Current email address: ____________________________

I acknowledge that the information provided on pages 1 and 2 of this form is accurate and true. I understand that I am responsible for all charges incurred during my pet’s stay as stated in the boarding agreement, and that any medical treatment rendered will also be at my expense. I understand that this is a boarding facility and that my pet may not leave as clean as when it entered, and I will not hold this facility responsible for toys/ bedding items that are left with my pet while boarding. I understand that this is not a 24-hour facility and that my pet will not be monitored or observed during overnight non-business hours. I understand that check-out time is 2:00pm and that if my pet is here past that time, I will be charged for another day’s boarding.

Owner’s Signature ___________________________________________ Date ____________________________

Page 1 of 2
Additional Service Requests For Boarding Pets

If you would like any additional services for your pet during its stay, PLACE YOUR INITIALS ON THE LINE IN FRONT OF YOUR SELECTIONS. Please ask our receptionist for specific fees.

Medical and grooming services must be scheduled as an appointment.

MEDICAL SERVICES: Provided by our Veterinarian and/or Medical Staff
* Surgical procedures require pre-surgical blood work and wellness exam
** Vaccinations available for renewal on non-overdue vaccinations only

____ Wellness Exam with our Veterinarian
____ Canine Vaccinations**-- a wellness exam is required for Rabies & Distemper vaccinations
____ Canine Bordetella Vaccination**
____ Leptospirosis Vaccination**-- for 2nd of initial 2 boosters, requires approval by our veterinarian
____ Feline Vaccinations**-- a wellness exam is required for Rabies & FVRCP vaccinations
____ Fortiflora® Daily Probiotic Supplement – helps prevent stress-related diarrhea, one per day
____ Free Dental Screen with our Veterinary Technician
____ Dental Procedure*
____ Spay* _____Laparoscopic ____Traditional
____ Neuter+
____ Heartworm Test
____ Heartworm Preventive
____ Microchip
____ Anal Gland Expression -- Internal & external areas
____ Nail Trim
____ Other (please write in): _____________________________________________________

GROOMING SERVICES: Provided by our Professional Groomers
____ Breed Clip – Bath, dry, clip (scissor/shave), brush, ear cleaning & nail trim - Fees vary by breed & size
____ Bath and Brush – Bath, dry, brush, ear cleaning & nail trim - Fees vary by breed & size
____ Anal Gland Expression – External area only

LODGE ADD-ON SERVICES: Available for dogs only - provided by our Lodge Staff
____ Pampered Pet – Two one-on-one play-time or walk-time sessions per day
____ Lodge Play – Group play for small dogs 20 lbs. or less in Lodge playroom
____ Lodge Bath – Shampoo bath & towel dry for SHORT-HAIRED DOGS ONLY** -- provided by Lodge staff
 (**length of hair coat must be 1/4” or shorter over entire body)

OBEDIENCE SERVICES: Provided by our Obedience Instructor (Ask about availability)
____ Board & Train – 20-minute obedience training session – covers basic skills, behavioral issues & special training requests. Can schedule up to two sessions per day.
____ Doggie Play Camp – 30-minute group play session with other boarding dogs. Involves fun activities and toys. Great for socializing and using up extra energy! One session per day.

Special Instructions: ____________________________________________________________