

Willow Wood Animal Hospital & Pet Resort
5891 Zarley St.
New Albany, Ohio 43054
Lodging Agreement and Release Form
2009

Owner: _____ Pet Name: _____
Address: _____ Species: _____
Telephone: _____ Breed: _____
Cell Phone: _____ Sex: _____
Age: _____

E-Mail Address: _____

Driver's License # _____

Emergency Contact:

Name: _____

Phone # _____

VACCINATION

Vaccination:	DUE DATE
DA2PP	
Bordetella	
Rabies	
FVRCP	
FELV	

Please note that if vaccination history information cannot be provided from your veterinarian or if the animal to be boarded does not have current vaccinations, the animal must be vaccinated by our hospital at the owner's expense. Cats must have current FELV vaccination or proof of negative feline leukemia status.

Has this pet had a Feline Leukemia Test ? Y N If yes, date of test _____ and result?
(positive or negative) **circle one**

Is this pet on Heartworm Prevention? Y N Brand: _____
Date Last Given _____ Date of Last Heartworm Test _____

Is this pet on Flea/Tick Prevention? Y N Brand: _____
Date Last Applied _____

I give _____ or do not give _____ Pet Resort at Willow Wood permission to request my pet's medical history. Your Veterinarian's name & phone number _____

(Please be aware that Pet Resort will not transport your pet to above veterinarian)

CHOOSE ONE OF THE FOLLOWING AND INITIAL PLEASE:

_____ If any medical attention is needed for my pet, I give my permission to treat at my expense. You do not need to contact me.

_____ If any medical attention is needed for my pet, please contact me first to obtain permission to treat at my expense. (Owner must leave a phone number where he/she or another responsible party can be reached at all times)

****Please Note:** Emergencies will be handled immediately.
Digestive upsets will be treated.

My Pet's Personality: (Check all that apply)

Friendly _____ Likes to play _____ Well Behaved _____ Responds well to commands _____
Shy _____ Quiet _____ Barks a lot _____ Dog Aggressive _____ People Aggressive _____
Nervous _____ Destructive Chewer _____ Possessive of food or toys _____

PAST OR PRESENT Health Issues: please check all that apply

_____ Allergies _____ Diabetes _____ Digestive
_____ Heart/Breathing _____ Kidney _____ Seizures Other _____

Special

Instructions:

PET RESORT POLICIES:

Please read and INITIAL the following:

_____ I understand that I must check in and out of the Pet Resort during business hours: Mon. - Fri. 9:00am to 6:30pm, Sat. 9:00am to 12:30pm, Sun.(pickup only) 5:00pm to 7:00 pm. Sunday pick up must be pre-arranged and may be pre-paid if you choose. Charges for Sunday apply. No check in or check out on holidays.

_____ I understand that the Pet Resort is not responsible for items that may be lost or destroyed by my pet during his/her stay here. Pet's first and last names must be on all belongings.

_____ I understand that due to a change in routine and environment my pet may not eat well or may develop digestive upsets. Pet Resort will offer a special diet to encourage eating at my expense or will treat my pet for any digestive upset at my expense.

_____ I understand that if my pet is not currently on monthly flea and tick prevention he/she will be given a Capstar tablet at my expense (\$5.00).

_____ I understand that payment is due in full at the time of check out. End of month billing fees and finance charges will apply to any unpaid balances and that published prices are subject to change. There is a \$30.00 fee for returned checks.

_____ I understand that if my dog stays in a deluxe suite and any damage occurs to the bedding or the room I will be responsible for the cost involved to replace or to repair the damage. Also, I understand that if my pet has repeated accidents in the suite, he/she will be moved to another location at the discretion of the animal care staff.

Willow Wood Animal Hospital and Pet Resort cannot guarantee the health of any animal, but pledges to give appropriate care in a clean, safe environment to all of our animal guests. I hold this facility harmless for conditions that are often unavoidable in boarding environments including, but not limited to, weight loss, kennel cough, upper respiratory infection and diarrhea. Reasonable precaution will be used against injury, escape, or death of . The hospital, Pet Resort and staff will not be held liable for the problems that develop provided reasonable care and precautions are followed. I understand that in case of emergency will be treated as deemed best by the staff veterinarians and I assume full responsibility for the treatment expense involved.

I have read the above and I am in full agreement

Signature of Owner or Responsible Party

Date