

Orchard Road Animal Hospital

GUEST CONSENT FORM

OWNER'S NAME: _____

PET'S NAME: _____

(Initials: _____)

Requested Accommodations

(Weight: _____)

	Luxury Canine Accommodations – Individual room with daily room service, three daily exercise periods, a sleeping cot with fleece blanket and a daily activity journal. Room Size: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large
	Deluxe Canine Accommodations w/VIP Option - Individual run with daily room service, three daily exercise periods, a raised sleeping platform with fleece blanket and a daily activity journal.
	Deluxe Canine Accommodations - Individual run with daily room service, two daily exercise periods, and a raised sleeping platform.
	Feline Accommodations – Individual condo unit with daily room service.

Our accommodations are available on a reservation only basis. Unless otherwise requested, each guest is kept in single accommodations. If you have more than one guest staying with us and would like them to stay together, please initial here _____. Your pets may act differently towards each other when not at home; therefore, we reserve the right to separate your pets during their stay and to adjust the charges for their visit accordingly. Under no circumstances will guests be released on Sundays or Holidays.

Our goal is to keep all of our guests safe and healthy. Therefore, we require all of our guests to be current on vaccinations and free of parasites. Canine guests must be vaccinated for rabies, distemper and bordatella (kennel cough) and have had a negative fecal exam within the last twelve months. Feline guests must be vaccinated for rabies and distemper. If your pet is due for a fecal exam and is found to have internal parasites, there will be an additional charge for dispensing and treating for the parasite. If fleas are found on your pet upon entry, there will be an additional charge for dispensing and treating with flea adulticide. A review of your pet's records indicates that the following services are required in order to stay with us:

Current Rabies Wellness Exam DHPPV/FDRVC LEPTO Bordatella Fecal Exam

Please list any other services you would like your pet to receive while staying with us:

Belongings:

Leash

Collar

Carrier

My pet is currently on medication and/or supplements. (Please check one) YES NO

In the unlikely event that an illness or injury is noted with your pet while staying with us, **please choose one** and initial to indicate how you would like us to proceed:

(Please choose one)

<input type="checkbox"/> I authorize you to examine, treat, and prescribe medication for my pet and understand that there will be additional charges for this treatment.	OR	<input type="checkbox"/> Please contact the individual listed below before any non-emergency treatment or medication is provided.
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We require an emergency contact for all of our guests. This should be an individual who has the authority to authorize care for your pet. This number will be used **ONLY** in the event of an emergency.

Emergency Contact Name/Relationship: _____

Emergency Contact Number: _____

As the owner or authorized guardian of this animal, I give permission to the clinic to receive, treat, prescribe or otherwise provide care for the animal named above as deemed necessary. Should injury or circumstances warrant the need for emergency service, I understand the clinic will attempt to contact my emergency contact before treatment, but will exercise the option to proceed if no one is available to provide clearance.

My signature below indicates my agreement with the policies set forth above.

Signature: _____ Date: _____