**OWNER(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PET:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**YOUR CONTACT INFO:** Please list multiple phone numbers we can call if possible

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Text ok? 

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Text ok? 

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Text ok? 

**OTHERS AUTHORIZED:** Please list other friends or family members who are allowed to pick your pet up from lodge and make financial or medical decisions if you are unable to be reached.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Text ok? 

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Text ok? 

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Text ok? 

**USUAL VETERINARIAN** (who do we contact if we have a medical concern?): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EXERCISE :** Our guests are allowed to comingle during exercise time. If you prefer your pet to not exercise with others or if your pet may not play with others, we will exercise him/her alone.

 My pet may play with others

 My pet should only exercise with other pets from my household

 My pet should be exercised alone

**IN CASE OF MEDICAL ISSUES OR EMERGENCY**: It is not uncommon for medical care to be required for pets while they are staying with us. Sometimes these issues are life threatening and other times they may simply cause discomfort or mild to moderate pain. Please tell us how you would like us to proceed with this pet:

 Do nothing that will lead to extra expense without contacting me even if this might lead to pain or the death of this pet.

 Treat only life-threatening situations (Issues causing mild to moderate pain should be ignored)

 Treat any condition that ACC doctors feel is causing pain or discomfort for this pet

I authorize the following level of expenditure for the above checked treatment level:

 Up to $250 (please note very little can be done at this level)

 Up to $500 (Will manage many situations, but not serious emergencies)

 Up to $1000 – this is what most of our clients choose to keep their pets safe

 Up to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list all **MEDICATIONS, SUPPLEMENTS AND DIETARY ADDITIVES** your pet needs on a regular basis. There are **extra fees** for administering any of these products – fees are based on frequency and time involved in administering the products.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name of product** | **Frequency** | **Special instructions (put in regular food, mix w/ cheese, give 30 minutes before feeding, etc.)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

***-----------------------------------Office*** ***Use Only in Grey Box Area-------------------------------***

**Personal Belongings**

Leash: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Collar: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Harness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bedding: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Toys: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Crate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates of visit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expected pick up time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Available by phone? **Y** or **N** What City/State/Country will you be in? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any times we should not call you or that you will not be available during your trip?

Bath? **Free** or  **Charged C/S/V/D? Seizures? Medical Care needed?**

***I have reviewed both sides of this information sheet and approve the listed plans.***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pet Owner Date