

Resort Admission Form - Exotic

Please complete a separate form for each pet staying with us.

Pet's Name _____ Brief Description _____

Owner's Name _____ Emergency Name & # _____

Dates Staying _____

Feeding Instructions:

How often do you feed him/her? *Once per day (am / pm) Twice per day Free feed*

What & how do you feed? _____

Bedding Instructions:

How often do you completely change the bedding in the cage? _____

How often do you "spot clean" the bedding? _____

Overall Health:

Does your pet have any medical conditions? *Yes / No*

If yes, please describe: _____

(if your pet is on any medications, please complete the information on page 2)

For Reptiles:

Lighting Instructions - _____

Additional Services:

Would you like your pet to have a pedicure while here? (\$14.50) *YES / NO*

Does your pet need to be seen by a veterinarian? *YES / NO* (If yes please fill out a drop-off form.)

Miscellaneous:

- Owners are encouraged to bring special items from home for their pet's stay (toys, bedding, etc). However, to ensure return of all belongings, please make sure they are all labeled with permanent marker.
- There will be a $\frac{1}{2}$ day charge for dropping off before 2pm and picking up after noon.
- If you cannot pick up your pet yourself, please let us know who will do so & ask that person to bring a picture ID.

Are there any other things you'd like to let us know about your pet?

Consent for Admission:

The undersigned hereby warrants that he/she is the owner or authorized agent for the owner of the above animal & does hereby request, consent & authorize Best Friends Animal Hospital & Pet Resort (BFAHPR), its veterinarians, personnel and agents to care for & treat said animal. The undersigned also acknowledges that other animals will be located on the premises & hereby authorizes the necessary care & treatment for any condition that may endanger said other animals & hereby agrees to pay the customary charges for such treatments. This includes but is not limited to parasites. The undersigned acknowledges that no guarantees have been made except reasonable precautions against injury, escape or illness with the understanding that the undersigned will remain fully responsible for the cost of all services provided by BFAHPR & its authorized agents. Also understood is that if my pet develops diarrhea, a doctor will determine if the pet should be examined, have a stool test performed, and/or be placed on medication to help resolve the diarrhea for which I assume financial responsibility .

I also understand that if my pet becomes ill or injured, and medical treatment is deemed warranted, I will be contacted at my emergency number provided on page 1. If, however, I am not available, I understand that my pet will be treated by Best Friends Animal Hospital & Pet Resort's veterinarians and I will be financially responsible for such treatment.

Owner's Signature _____ Date _____

Medications: *If your pet is on any medication, please fill out the following (a \$2.95/day fee will apply).*

1) _____ for _____ dosage _____
name of medication condition
when _____ how _____
how many times per day, am, pm put in dry food meal (no charge), applied to certain area, etc.

2) _____ for _____ dosage _____
name of medication condition
when _____ how _____
how many times per day, am, pm put in dry food meal (no charge), applied to certain area, etc.

3) _____ for _____ dosage _____
name of medication condition
when _____ how _____
how many times per day, am, pm put in dry food meal (no charge), applied to certain area, etc.

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To Be Completed By Staff Upon Admission:

_____ will be staying in cage (describe) _____

Staff Initials _____ **Owner's Initials** _____