



Owner: _____ Phone#: _____
ER Contact: _____ #: _____
 Authorized to pick up Authorized to make patient care decisions

Check-In Date: _____ Time: _____
Check-Out Date: _____ Time: _____
Information provided here is accurate to the best of my knowledge
X: _____

Pet's Name _____ **Breed:** _____ **Age:** _____
 female male spayed/neutered intact

Pet#2 Name _____ **Breed:** _____ **Age:** _____
 female male spayed/neutered intact

A La Carte Menu	<u>Once per day</u>	<u>Twice per day</u>
Stuffed Kong-\$4ea	<input type="checkbox"/>	<input type="checkbox"/>
Frozen Yogurt-\$3ea	<input type="checkbox"/>	<input type="checkbox"/>
Veggies-\$4ea	<input type="checkbox"/>	<input type="checkbox"/>
Pupsicles-\$3ea	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Chicken <input type="checkbox"/> Veggie		

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Meals	Type or "House"	Amount ("1 baggie", "1 cup")
<input type="checkbox"/> Breakfast	_____	_____
<input type="checkbox"/> Lunch	_____	_____
<input type="checkbox"/> Dinner	_____	_____
Time of last meal eaten: _____		Allergies? _____

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SERVICES (ask concierge for details & fees)
<input type="checkbox"/> Nail trim <input type="checkbox"/> Ear cleaning <input type="checkbox"/> Anal gland expression
<input type="checkbox"/> Training <input type="checkbox"/> Dog Jogging (NEW!) <input type="checkbox"/> Laser Treatment
<input type="checkbox"/> Grooming
<input type="checkbox"/> play after groom ok. Notes: _____

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Is your pet an escape artist/fence jumper? Yes No
 Does your pet (dog) eat bedding/blankets? Yes No
 Additional Care Needed*: _____
 *see front desk for any associated fees

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* OFFICE USE ONLY *

Suite: _____ ID# _____

Separate to Feed Collect Fecal On Meds
 Fear _____ Aggression _____ Caution/Go Slowly
 Private Group Needs Eval Leash Walks Only

OTHER IMPORTANT NOTES: _____

Tracking: Lbs & abnormalities (eating, eliminating, medicating)
 Date: _____ Lbs: _____ Notes: _____
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Notify management of weight changes >5%!

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Resort Check-In Initials: _____

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Vomiting/diarrhea in last week: _____

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Sneezing/coughing in last week: _____

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* Check with CCS that all extra services are scheduled, by whom

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Incoming Items (please include leashes and food)

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1. _____

1. _____

2. _____

2. _____

3. _____

3. _____

4. _____

4. _____

5. _____

5. _____

6. _____

6. _____

Resort Tech Exam

Anything in red goes on tech board!

Eyes: None Clear White **Yellow Green** Brown

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Anything in red goes on tech board!

Eyes: None Clear White **Yellow Green** Brown

Ears: Clean Dirty **Red inflamed** Smell

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Nose: Clear **Discharge**

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Mouth:

Mouth:

Gingivitis: None Minimal Moderate **Severe**

Gingivitis: None Minimal Moderate **Severe**

Calculus: None Minimal Moderate **Severe**

Calculus: None Minimal Moderate **Severe**

Body:

Body:

Open wounds: no **yes** Location:

Open wounds: no **yes** Location:

Limping: no **yes** Location:

Limping: no **yes** Location:

Fleas: no **yes**

Fleas: no **yes**

Skin Condition: Clean Flaky Oily Dry Irritated

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Rectum: Clean Dirty **Crusty**

Rectum: Clean Dirty **Crusty**

Changes from tech exam DAY BEFORE or OF CHECK-OUT:

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Pet Name: _____ ID# _____

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Vaccinations:

Vaccinations:

Rabies: _____ Fecal: _____

Rabies: _____ Fecal: _____

DA2PP: _____ Medical History: _____

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Bordetella: _____

Bordetella: _____

Client Care Specialist Initials: _____

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