



OVERLAND

ANIMAL HOSPITAL & PET RESORT

Resort Self Check-In

Check-In _____ Check-Out _____

Owner: _____ Phone#: _____

ER Contact: _____ #: _____

Authorized to pick up Authorized to make patient care decisions
Make sure they are local and aware they are the ER contact

GROUP | INDIVIDUAL | NEEDS EVAL | NO CONTACT

Pet's Name: _____ Age: _____

Breed: _____ Sex: _____

Color/Markings: _____

Check-In Date: _____ Time: _____

Check-Out Date: _____ Time: _____

****A \$20.00 daycare fee will be assessed for pick up after 12:00pm****

GROUP | INDIVIDUAL | NEEDS EVAL | NO CONTACT

Pet's Name: _____ Age: _____

Breed: _____ Sex: _____

Color/Markings: _____

À LA CARTE MENU (DOGS)	1X/DAY	2X/DAY
<input type="checkbox"/> Stuffed Kong		
GI Food (\$4ea)	<input type="checkbox"/>	<input type="checkbox"/>
Frozen PB (\$3ea)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Frozen Yogurt (\$3ea)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Ice Cream Sandwich (\$4ea)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Pupsicles (\$3ea)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Chicken <input type="checkbox"/> Veggie		
<input type="checkbox"/> Own Treats	<input type="checkbox"/>	<input type="checkbox"/>
Client Care Specialist Initials: _____		

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<input type="checkbox"/> Stuffed Kong		
GI Food (\$4ea)	<input type="checkbox"/>	<input type="checkbox"/>
Frozen PB (\$3ea)	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/> Chicken <input type="checkbox"/> Veggie		
<input type="checkbox"/> Own Treats	<input type="checkbox"/>	<input type="checkbox"/>
Client Care Specialist Initials: _____		

À LA CARTE MENU (CATS)	1X/DAY	2X/DAY
<input type="checkbox"/> Scratch Box (\$10) (a take home item)	<input type="checkbox"/>	
<input type="checkbox"/> Shredded Tuna (\$2ea)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Shredded Chicken (\$2ea)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Own Treats	<input type="checkbox"/>	<input type="checkbox"/>
Client Care Specialist Initials: _____		

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<input type="checkbox"/> Own Treats	<input type="checkbox"/>	<input type="checkbox"/>
Client Care Specialist Initials: _____		

MEALS	TYPE OR "HOUSE"	AMOUNT ("1 BAGGIE", "1 CUP")
<input type="checkbox"/> AM	_____	_____
<input type="checkbox"/> MID	_____	_____
<input type="checkbox"/> PM	_____	_____
<i>Write N/A or None if no meal for that time</i>		

MEALS	TYPE OR "HOUSE"	AMOUNT ("1 BAGGIE", "1 CUP")
<input type="checkbox"/> AM	_____	_____
<input type="checkbox"/> MID	_____	_____
<input type="checkbox"/> PM	_____	_____
<i>Write N/A or None if no meal for that time</i>		

SERVICES (ASK CLIENT CARE FOR DETAILS & FEES)
<input type="checkbox"/> NAIL TRIM
<input type="checkbox"/> TRAINING
<input type="checkbox"/> FIELD TRIPS
<input type="checkbox"/> LASER TREATMENT
<input type="checkbox"/> EAR CLEANING
<input type="checkbox"/> ANAL GLAND EXPRESSION
<input type="checkbox"/> EXAM: _____
<input type="checkbox"/> VACCINES: _____
<input type="checkbox"/> GROOMING: _____
<input type="checkbox"/> <i>Play after groom ok.</i>
Notes: _____
Client Care Specialist Initials: _____

SERVICES (ASK CLIENT CARE FOR DETAILS & FEES)
<input type="checkbox"/> NAIL TRIM
<input type="checkbox"/> TRAINING
<input type="checkbox"/> FIELD TRIPS
<input type="checkbox"/> LASER TREATMENT
<input type="checkbox"/> EAR CLEANING
<input type="checkbox"/> ANAL GLAND EXPRESSION
<input type="checkbox"/> EXAM: _____
<input type="checkbox"/> VACCINES: _____
<input type="checkbox"/> GROOMING: _____
<input type="checkbox"/> <i>Play after groom ok.</i>
Notes: _____
Client Care Specialist Initials: _____

I understand that Overland Animal Hospital & Pet Resort recommends all pets be on proper flea, tick, and lice preventatives. I understand that there is a higher risk for my pet to acquire parasites when in a pet care facility and Overland Animal Hospital & Pet Resort is not responsible if I choose to not treat my pet(s) with these preventatives.

INITIAL _____

The information provided here is accurate to the best of my knowledge.

Signature: _____ Date: _____



FOR OFFICE USE ONLY

ID# _____

Suite: _____

ID# _____

Suite: _____

Is your pet an escape artist? Yes No
 Is your pet a fence jumper? Yes No
 Does your pet (dog) eat bedding/blankets? Yes No
 Vomiting/diarrhea in last week? Yes No
 Sneezing/Coughing in last week? Yes No
 Allergies? Environmental Food
 Please explain _____

 Time of last meal eaten: _____
 Additional Notes: _____

Is your pet an escape artist? Yes No
 Is your pet a fence jumper? Yes No
 Does your pet (dog) eat bedding/blankets? Yes No
 Vomiting/diarrhea in last week? Yes No
 Sneezing/Coughing in last week? Yes No
 Allergies? Environmental Food
 Please explain _____

 Time of last meal eaten: _____
 Additional Notes: _____

Incoming Items (please include leashes and food)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Borrowed items

1. _____
2. _____
3. _____

INDIVIDUAL PLAY
 GROUP PLAY _____

Incoming Items (please include leashes and food)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Borrowed items

1. _____
2. _____
3. _____

INDIVIDUAL PLAY
 GROUP PLAY _____