



## FELINE CHECK-IN PAWS AT PLAY RESORT

To ensure that your pet has a safe and happy visit with us, we ask that you provide all of the following information. Thank you and welcome to our practice!

Your Name \_\_\_\_\_ Primary Phone # \_\_\_\_\_

E-mail \_\_\_\_\_ Pet's Name \_\_\_\_\_ Approx Weight \_\_\_\_\_

Check In Date \_\_\_\_\_ Check Out Date \_\_\_\_\_

**CHECK OUT IS 12 PM. ADDITIONAL CHARGES WILL APPLY AFTER 12 PM.**

Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

Do you accept text messages?  YES  NO

I grant permission to use my Pet's Photograph for use in newspapers, Facebook and/or website. Please circle: YES NO

**Your pet must be current on all vaccinations.**

FVRCP, Rabies, proof of a negative fecal test within 6 months of boarding and a negative FeLV/FIV test within their lifetime.  
(Must be within the past 12 months if pet goes outside.)

**If proof of vaccinations is not provided, we will vaccinate and examine your pet at owner's expense.**

(Please ask for an estimate if needed.) Please Initial \_\_\_\_\_

Did you bring food for your pet?  YES  NO

Feeding instructions (cups per day, how often): \_\_\_\_\_

Is your pet on a restricted diet or allergic to any foods / treats?  YES  NO \_\_\_\_\_

**All medications must be in original bottle with a veterinary label and instructions.**

1. Is your pet on any medication?  YES  NO Did you give medication today? \_\_\_\_\_

2. LIST ALL MEDICATIONS AND INSTRUCTIONS: \_\_\_\_\_

3. Please list ALL toys you brought for your pet: \_\_\_\_\_

**We will provide clean comfortable bedding daily. Limited bedding and belongings may be left with your pet. We are not responsible for any items that are not listed, lost, or damaged.**

Carrier Color \_\_\_\_\_ Collar Color \_\_\_\_\_

4. Is your pet on Flea Prevention?  YES  NO Please list type: \_\_\_\_\_

If yes, proof of purchase of a veterinary approved product is required. If no, for your pet's protection and to keep our facility free of fleas, we will administer flea prevention at your expense.

5. Does your pet have any medical, behavioral, or aggression issues? \_\_\_\_\_

6. Does your pet chew, shred or ingest blankets, bedding or toys? \_\_\_\_\_

**ADDITIONAL SERVICES ARE PROVIDED AT YOUR REQUEST**

- Ear Cleaning \$12.32                       Toe Nail Trim \$16.90                       Additional Photo / Text \$.50
- Other \_\_\_\_\_

**ENHANCED SERVICES FOR OUR FELINE GUESTS**

**Bedtime Snack \$ .58**

- Oven Roasted Chicken                       Ocean Fish                       Savory Salmon                       Premium Tuna Flakes

**Interactive Play Time (5 minutes) \$3.85 / Session**

- Laser Pointer
- Cat Toys: (please circle)                      Fuzzy Mouse Dipped in Cat Nip                      Brightly Colored "Crunch" Ball                      Jingle Bell Toy

**Brushing and Additional Snuggle Time (10 minutes)  \$5.75 / Session**

**There is a \$1.50 fee per administration of medication.  
Additional charges apply for diabetic care and pets requiring extensive medical care.**

Is there anything we can do to make your pet more comfortable? \_\_\_\_\_

\_\_\_\_\_

**If your pet refuses to eat dry food, we will attempt to feed canned food and you will be charged \$1.92 per can.**

If your pet refuses to eat for 48 hours and has lost more than 5% body weight, the doctor will examine your pet. If there is no medical reason why your pet will not eat, the office will contact you or the emergency contact, and we will ask that you pick up your pet. We will do our best to ensure your pet's health and you will be responsible for any charges incurred during his or her stay with us.

If your pet becomes ill or injured while boarding, we will make every attempt to contact you. If we are unable to contact you, we will institute appropriate medical and/or surgical care necessary. Your signature on this form indicates your willingness to be responsible for the cost of these services.

We will use all reasonable precautions against injury and escape, but will not be held responsible in any manner or circumstance because of the care, treatment or safekeeping of the animal described above or in connection therewith. It is thoroughly understood that the client assumes all risks. Be assured that the health of your pet is our primary concern and we will do everything possible to maintain his or her health.

**YOUR SIGNATURE BELOW INDICATES THAT YOU AGREE WITH ALL OF THE ABOVE STATEMENTS.**

\_\_\_\_\_  
**SIGNATURE OF OWNER**

\_\_\_\_\_  
**DATE**

**9027 Ridge Road  
North Royalton, OH 44133**

**440-237-7691  
[www.northroyaltonanimalhospital.com](http://www.northroyaltonanimalhospital.com)**