

CAMP SUNSET CHECK-IN FORM

OWNERS NAME: _____ CLIENT ID (CLINIC USE ONLY): _____

PET NAME (S): _____

HOW LONG WILL YOUR PET(S) BE BOARDING WITH US? FROM _____ TIL _____

PLEASE NOTE: IF GUESTS ARE BOARDED TOGETHER, THERE IS A RISK OF INJURY, AS THEY ARE IN A DIFFERENT ENVIRONMENT. IF BOARDING YOUR PETS TOGETHER RESULT IN ANY INJURY, OWNER WILL BE RESPONSIBLE FOR ALL VETERINARY CARE COSTS TO ASSIST IN YOUR PETS' RECOVERY.

INITIAL:

WE STRONGLY RECOMMEND FLEA PROTECTION FOR OUR GUESTS, AS THEY ARE WALKED OUTDOORS WHERE WE HAVE LIMITED CONTROL OF EXTERNAL PARASITES FROM THE ENVIRONMENT OUTSIDE. WE ARE NOT RESPONSIBLE FOR EXTERNAL PARASITES ON YOUR PET UPON LEAVING OUR FACILITY.

INITIAL:

IF YOUR ANIMAL IS PRONE TO ALLERGIES, PLEASE KNOW WE ARE NOT ABLE TO CONTROL WHAT THEY ARE EXPOSED TO IN THIS ENVIRONMENT. WE RECOMMEND REGULAR VETERINARY EXAMS TO MITIGATE SUCH ISSUES. IN ADDITION, WE USE VETERINARY HOSPITAL GRADE CLEANING PRODUCTS FOR OUR GUEST'S ENCLOSURES

PLEASE INDICATE ANY MEDICATION, SPECIAL DIET, OR HEALTH CONDITIONS THAT WE SHOULD BE AWARE OF DURING YOUR PET'S STAY WITH US. **(ALL MEDICATIONS MUST CONTAIN A CURRENT LABEL FROM THE PRESCRIBING VETERINARIAN IN ABLE FOR US TO ADMINISTER)**

Medication(s): 1) _____ 1X 2X 3X 4X/ Day Next dose due _____

2) _____ 1X 2X 3X 4X/ Day Next dose due _____

3) _____ 1X 2X 3X 4X/ Day Next dose due _____

HAS YOUR PET EATEN TODAY? YES NO **WILL YOU BE USING OUR IN-HOUSE DIET? (ADDED COST)** YES NO

IF YOUR PET IS NOT EATING, DOES CAMP SUNSET HAVE PERMISSION TO ADD A SMALL AMOUNT OF OUR IN-HOUSE WET DIET INTO THEIR FOOD TO ENTICE THEM TO EAT? YES NO

HOW MUCH PER MEAL? _____ **MEALS PER DAY?** 1X 2X 3X / Day

ADDITIONAL AMMENITIES (ADDITIONAL FEES APPLY)

INITIAL:

EXTRA WALKS? YES NO **PER DAY?** _____ **ACTIVITY TIME?** YES NO **PER DAY?** _____

DAYCAMP? YES NO

REQUIRES A CURRENT ASSESSMENT. PLEASE ASK A CAMP COUNSELOR TO SET UP YOUR RESERVATIONS.

HAS YOUR PET SHOWN ANY SIGNS OF INAPPROPRIATE BEHAVIOR TOWARDS OTHER ANIMALS OR PEOPLE OVER TOYS, OTHER PETS, FOOD, ETC.? YES NO

IF YES, PLEASE EXPLAIN: _____

INITIAL:

IF YOUR PET(S) DISPLAYS ANY SIGNS OF INAPPROPRIATE BEHAVIOR THAT RESULTS IN INJURY, CAMP SUNSET IS NOT RESPONSIBLE FINANCIALLY FOR ANY TREATMENT OR MEDICATION REQUIRED TO ASSIST IN YOUR PET'S RECOVERY.

IN CASE OF EMERGENCY OR FOR AUTHORIZATION OF TREATMENT PLEASE CONTACT:

NAME (RELATION): _____ **PHONE:** _____ **PHONE:** _____

IF UNABLE TO REACH YOU OR THE EMERGENCY CONTACT PERSON, I HEREBY AUTHORIZE SUNSET ANIMAL HOSPITAL AND ITS DESIGNATED ASSOCIATE VETERINARIAN TO TREAT MY PET. I UNDERSTAND THAT I ASSUME FINANCIAL RESPONSIBILITY FOR ALL SERVICES THAT ARE GIVEN.

SIGNED: _____

DATE: _____