



Pet's Name:				Date:
Breed:				
Age/DOB				
Sex:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Spayed/Neutered	
Expected Date & Time of Pick-Up:	Day: _____ <input type="checkbox"/> AM (9a-10a) <input type="checkbox"/> PM (5p-6p) Other: _____			
Pre-Existing Medical Conditions: (chronic health issues, anxieties, fearful/aggressive behaviors, etc.)				
My Pet Enjoys/Is Motivated By: (treats, toys, etc.)				
Recent Illnesses/Medical Issues: (coughing, vomiting, diarrhea, etc.)				

Current Medications

Medication Name & Strength	Dosage	How Often	Last Dose Given	Next Dose Due:	Notes:

Primary Contact & Emergency Contacts

Name:	
Phone Number:	

In case of an emergency, who is the closest emergency contact to provide emergency transportation, pick up your pet and/or make decisions on your behalf?

Name:	
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Phone Number:	
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Check to Confirm:

- Can make medical decisions on my behalf**
- Can provide transportation on my behalf**
- I understand that I am responsible for any medical treatment authorized by my emergency contact at the time of my pet's pick up.**

Feeding Instructions

Food Brand & Type	
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Known Food Allergies:	
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How many meals does your pet eat a day? 1xDay 2x/Day Other:

How much do you feed per meal?

Notice of Flea-Free Environment (Check One)

To help maintain a flea-free environment, all pets will be checked for fleas upon admission. If fleas are detected, treatment will be administered at the discretion of the attending veterinarian and at the owner's expense. Please note that any pet found to have fleas will be ineligible for playtime activities during their stay.

<input type="checkbox"/>	My pet received flea prevention on _____
<input type="checkbox"/>	My pet needs flea prevention administered. I understand the cost will be added to my final boarding invoice

Photo Release Authorization

We love sharing the stories of our furry guests! With your permission, we may take and use photos of your pet for marketing, social media, and educational purposes. Please indicate your preference below:

- Yes, I authorize CareVet of Middletown to use photos of my pet for marketing, social media, and other educational postings.
- No, I do not authorize CareVet of Middletown to use photos of my pet for marketing, social media, or other educational postings.

Emergency Care Treatment Authorization

While we do not anticipate any emergencies, it is important for us to know how to act quickly and appropriately should one arise. In the event your pet becomes ill or injured during their stay at CareVet, we will make every effort to contact you or your emergency contact immediately. If we are unable to reach you, please indicate your preferences below by initialing one option:

Authorize necessary care: I authorize CareVet to provide any medical or surgical treatment deemed necessary by the attending veterinarian. I understand costs will be added to my final boarding invoice.

		Limit care: I authorize medical or surgical care up to a maximum of \$_____ without prior contact.
		Withhold care until contact: Do not administer any medical or surgical treatment until I or my emergency contact has been reached. I understand withholding care can lead to a worsening of my pet's condition.

CPR or DNR (Do Not Resuscitate) Preferences (please initial)

	CPR Authorization: I authorize CareVet to perform CPR or resuscitation efforts if deemed necessary by the attending veterinarian.
	DNR (Do Not Resuscitate): I request that no resuscitation efforts be performed if my pet's heart stops or they stop breathing.

Boarding & Daycare Options (select option)

<input type="checkbox"/>	Single Run, One Dog Occupancy (pets under 75lbs) - \$32.34/day
<input type="checkbox"/>	Single Run, Two Dog Occupancy (small breeds only) - \$49.20/day
<input type="checkbox"/>	Double Run, One Dog Occupancy - \$40.42/day
<input type="checkbox"/>	Double Run, Two Dog Occupancy - \$55.44/Day

Add-On Extras

<input type="checkbox"/>	Nail Trim: \$27.72
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Play Time

(all daycare participants must pass an evaluation hosted by one of our caregivers)

Play Type	Monday	Tuesday	Wednesday	Thursday	
Group Play - Single Session (\$11)					
Group Play - Double Session (\$17.60)					
1-1 Play - Single Session (\$11)					
1-1Play - Double Session (\$17.60)					

To Be Completed by CareVet Staff

<input type="checkbox"/>	All required vaccines and recommended parasite screenings are up-to-date
<input type="checkbox"/>	Vaccines are not current, but owner has provided consent to have them administered
<input type="checkbox"/>	Pet is free of fleas and/or ticks on intake
<input type="checkbox"/>	All medications & food has been received from owner

Relevant Notes (Vaccines to be administered, verbal price quotes, etc.)

Signatures

Signature of Owner:		Date:	
Signature of CareVet Team Member:		Date:	