

## Little Paws Loft Dog Registration

Pet's name:		
Weight:		
Feeding Instructions: Own Supply (specify brand): LPL Supply (see attendant for ch	noices):	
Cups per meal: How many times a day: Twice I When was the last time your pet a	Daily Three Times Dai ate? am pm	ily
Medication Name	Dosage	Frequency
(please ask a receptionist for pric When was the last time your pe		on fees may vary)
Diabetic dogs: AM and PM sch Does your dog finish his/her fo No Yes If not, what amount is generally	od in the 1/2-hour time allotted	d prior to being injected?
Medical Problems: Does your dog have any health issu If yes, please describe:	ues (i.e., diabetes, arthritis, etc.)?	No Yes
Does your dog require any special No Yes If yes, please describe:	medication or treatment for the a	above condition(s)?
Has your dog been seen by his wellness visit? No Yes_ If yes, please describe:		e last 6 months for anything beyond a
Does your dog have an incision If yes, please describe date, locate		/es
Attendants do body checks on that we should be aware of?		have any lumps, warts or growths

Pet's Name:
Has your dog been treated with flea/tick medication within the last 30 days?  No Yes If yes, please indicate the date the flea/tick medication was applied:
Does your dog have any allergies: No Yes If yes, please specify:
Is your dog a shredder? No Yes
Is your dog afraid of thunderstorms? No Yes
Any other phobias?
Optional Services:  Cuddle time: (Cuddle time is optional and costs \$6.00 per 15 minute session)  EOD Once Daily Twice Daily Three Daily None
Group or Alone
During Peak Season my dog can participate in group cuddle time outside in lieu of indoor one- on- one time. Ask Attendant For More Information. Yes No *I acknowledge that during peak season group cuddle time is done at the discretion of the attendants.
Daycare While Boarding (\$19 per day) This is only for CURRENT daycare clients who have been to daycare outside of boarding within the last month. All dogs participating in daycare while boarding are subject to "rest" days at the discretion of the daycare attendants. **Dogs are not eligible for group daycare if they are only planning to come during boarding stays**.
Which days would you like your dog to participate in daycare? Please specify if your dog does downstairs daycare. Little Paws daycare M-F. Creekside camp daycare M-S.  Monday Tuesday Friday
<b>Grooming:</b> Would you like your pet groomed during their stay with us? If Yes, please schedule an appointment when making the reservation or at the time of check-in.
Your pet's health and happiness is our primary concern. If the animal attendants notice a medical problem they will attempt to contact your emergency number. An emergency contact number MUST be provided upon check-in. The emergency contact person MUST be an adult, capable of making decisions for you regarding your pet's health and able to be reached within the continental U.S. Please note that whomever you choose as your emergency contact they are authorized to make medical decisions for your pet. You will assume all financial responsibilities for approved medical services provided during your pet's stay. Should a life threatening (critical) medical condition occur during their stay and attempts to reach your emergency contact are unsuccessful medical decisions regarding your pets care will be made by the doctor on duty. You will be responsible for all medical charges associated with the management of this event.
Emergency contact for this visit:
Client Signature Date



## Consent to Treat Form – Boarding Canine and Social Media form

Account Number: Pet Name: Name: Address: Home Phone:

ing. Our primary concern is ensuring your dog's	og develops one of the more common medical problems that can arise while board-comfort and his/her ability to receive rapid medical treatment should problems occribe what initial measures are taken by the staff to remedy the problem. Should further treatment may be warranted.			
Common Boarding Ailments	Initial measures taken for these ailments			
Stress colitis (diarrhea)	Fecal analysis; switch to a bland diet. My dog's diet can be altered. YesNo			
Kennel nose/ kennel paw	Clean area, apply topical antiseptic			
Hot spot	Clean and shave area; apply topical antiseptic			
Ear Infection	Clean ears with a non-medicated cleaner			
Please select from <u>ONE</u> of the following option	ons:			
I give consent to have Muddy Creek take initial r	measures to treat my pet for these conditions should they occur:			
	ek take initial measures to treat my pet for the above conditions or another urgent should they occur. If standard protocols do not correct the problem and an exam o be contacted first.			
	ek take initial measures to treat my pet for the above conditions or another urgent should they occur. If standard protocols do not correct the problem and an exam be contacted first.			
understand that if neither I nor my emergency co	asures are taken to treat my pet for any condition, including the ones listed above. ontact is reachable, or if my emergency contact does not give permission to treat accessary steps to stabilize my pet and alleviate pain and discomfort until I am con-			
The above conditions have been explained to m nostics and treatments provided.	e and I understand that I am responsible for all costs incurred for any exams, diag-			
Does your pet have any known drug or food alle	rgies/ reactions? Yes No			
If "yes", please indicate suspect drugs or foods:				
Please select whether you approve or c	decline to give us permission to use your pet's photos as outlined below:			
	Care Center permission to use photographs of my pet, on Facebook and other social /etcor to publish photographs of my pet for promotion of the organization in printed or web-site.			
□ Approve use	□ Decline use			
Client Signature	Date			



## **Boarding Contract**

Date:				
Pet Name:				
Account Number:				
Client:				
Address:				
Home Phone:				
All animals are boarded, handled or cared for by us without liability on our part for loss or damage from disease, death, fire, injury to persons, other animals or property by said animals, or other unavoidable causes.				
Each animal is insured up to \$2,000. Each occurrence is insured up to \$50,000.				
If an animal becomes seriously ill, we will attempt to notify the owner or emergency contact person. In the event the owner does not immediately inform us of desired measures to be taken, or if the state of the animal's health demand immediate action, we reserve the right to have our veterinarians or those within the VetCor network of hospitals administer necessary medical treatments within our discretion or judgment. Such expenses shall be paid for by the owner upon dismissal of the animal.				
Some exotic pets are considered prey animals and may become extremely stressed in a boarding environment. Although rare, such stress can lead to death in exotic pets. I understand and assume the risk associated with boarding exotic pets.				
If an animal is not picked up within 30 days after the scheduled discharge date, it will be disposed of by us as we see fit. Notice in writing of such intent will be mailed to the owner by registered mail at the address given hereon. The owner shall be held liable for all charges.				
We are not responsible for the loss or damage of any belongings, such as blankets or toys that are brought in with the animal.				
The owner represents that he/she is the legal owner of said animal and that said animal is not mortgaged in any way The above mentioned animal(s) has/ have not been exposed to distemper, parvo virus, rabies or kennel cough within the last 30 days.				
I have read and been advised of common boarding ailments that may occur during boarding. I understand these protocols and the measures that will be taken should my pet become ill. I agree to pay all associated fees that may incur due to medical treatment provided by Muddy Creek Animal Care Center and/or Bulger Veterinary Hospital upon dismissal of my pet.				
Client Signature: Date: Owner or appointed guardian of animal)				

This contract is legally binding and will be a part of the animal's permanent record

Appointment date:	
/ /	
Department:	
Crate/Condo #:	_
TGH: / /	_

## Muddy Paws Salon

Pets na	ame:	Breed:	Age:			
Phone	number (that we	can reach you at to	oday/day of groon	oming):		
0	O <b>Hair cut includes:</b> haircut, bath (basic shampoo), nail trim, ear cleaning/plucking if necessary, brush, and fluff dry					
0	O What specific haircut would you like (Groomer must go over w/ client):					
	HAIRCUT	-	_	g, Sani trim if necessary and fully dry. NO  t. (Select all that you would like added)		
	e-Shed Treatment			_ Teeth Brushing		
	grooming anal glan	ds (External)		_ Oatmeal Shampoo		
	Nails ground			Hypo Shampoo		
matting) medical severity give you matting	o is difficult, time conconditions if left ungand difficulty to concur pet a haircut or bat charges are \$7.00 pe	nsuming and is painfugroomed for long enoughplete. If de-matting thing your pet may care every 15mins)  The aware of our materials and the sum of the sum	all and makes the pet bugh. De-matting price is not possible or if it nuse the matting to be ting policy: Pets wit	eptible with matts. Brushing the matts out (detet at risk for injury. Matts can also lead to skin rices are subject to change and depends on the fit is not wanted the stylist will be unable to become worse especially with cast matting. (DE with severe matting <b>must</b> be shaved to the approse initial here if you have read our matting poli-		
cy.	argui, uns includes ar	eas on the ears and ra	ace and body, please	se mittai nere ir you nave read our matting pon-		
staff alil	ke. Senior pets/pets v	vith health issues may	y become stressed du	s Muddy Paws Salon's main priority for pets and during the grooming process. Other pets may or not by the groomers/supervisors discretion.		
your pet	has any fleas, they v	will be given a flea ba	ath at your expense o	addy Creek strives to be a flea free facility. If of an additional \$10.00. Ticks will be removed u will be notified if any are found at pick up.		
Sionatu	ra					