



**Muddy Creek
Animal Care Center**

Little Paws Loft Dog Registration

Pet's name:

Weight:

Feeding Instructions:

Own Supply (specify brand):

LPL Supply (see attendant for choices):

Cups per meal:

How many times a day: Twice Daily _____ Three Times Daily _____

When was the last time your pet ate? **am** _____ **pm** _____

Medication Name	Dosage	Frequency

(please ask a receptionist for price details)(Injection administration fees may vary)

When was the last time your pet had his/her medication?

How does your pet take their meds at home?

Diabetic dogs: AM and PM schedule is as follows: feed at 7 and inject at 7:30.

Does your dog finish his/her food in the 1/2 hour time allotted prior to being injected?

No _____ Yes _____

If not what amount is generally consumed? _____

Medical Problems:

Does your dog have any health issues (i.e. diabetes, arthritis, etc.)? No _____ Yes _____

If yes, please describe:

Does your dog require any special medication or treatment for the above condition(s)?

No _____ Yes _____

If yes, please describe:

Has your dog been seen by his/her regular veterinarian in the last 6 months for anything beyond a wellness visit? No _____ Yes _____

If yes, please describe:

Does your dog have an incision/sutures/staples? No _____ Yes _____

If yes, please describe date, location, reason:

Attendants do body checks on a daily basis. Does your dog have any lumps, warts or growths that we

should be aware of?

No _____ Yes _____ If yes, please describe and indicate location:

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:

Little tike hike: Outside play time with the Little Paws pack

EOD _____ Once Daily _____ Twice Daily _____ None _____

Alone Cuddle time: One on one time with the staff

During peak season only one alone cuddle time can be added to your dogs stay

EOD _____ Once Daily _____ Twice Daily _____ None _____

If your dog prefers, would it be okay for us to exchange alone cuddle times for little tike hike.

Yes _____ No _____

Extended play (\$23.50 per day) **Extended play will be substituted for two little tike hikes if the group is at capacity for the chosen days. **

Does your furry friend like to socialize and exercise? Extended play offers your dog more out of the crate time. A great option for puppies or playful dogs with a lot of energy.

Which days would you like your dog to participate in extended play? Little Paws extended play offered M-F with Saturday and Sunday being rest days. Other options available for Saturday and Sunday.

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

If your dog is uncomfortable in extended play we will substitute it for Little Tike Hike

Grooming: All Grooming appointments need to be scheduled with our Grooming team.

If you have a scheduled grooming, would you like your dog to go back out to play after grooming?

(Please keep in mind weather conditions and pools out during summer time) Yes _____ No _____

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